

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LENOX HOTEL
Address: Rizal St., Dagupan City
Tel. Fax No.: 515-8889/7094-96
Supplier Registered with: 113-888-385-001 V

PO No. 2019-026
Date: 3/4/2019
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned Venue

Please deliver to this office within on March 14-15, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	46	pax	MEALS (AM&PM Snacks and Lunch) for 2 days, inclusive of the following:	750.00	69,000.00
	1	room	Room Accommodation (Studio Room for 3 nights w/ 2 breakfast)	FREE	-
	1	room	Room Accommodation (Studio Room for 2 nights w/ 3 breakfast)	FREE	-
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	69,000.00
			Less: VAT (5%/1.12)	3,080.36	
			EWT (1%/1.12)	616.07	3,696.43
			PR No. 19-0215-0153		
			PURPOSE: For the conduct of training on Conflict Management to PRO 1 Employees	TOTAL	65,303.57

Terms & Conditions:

- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of thier office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.
- Deliveries should be made within 8:00AM - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>69,000.00</u> JOSE A. MONES Fiscal Controller III JANE C. BAGOS FC IV / FMS Chief With in the COB: <u>3/6/19</u> Expense Code: <u>31000000</u> Budget: <u>31000000</u> Remarks: <u>31000000</u> Conforms: <u>JEAN E. SUBATAN</u> Date: <u>3/6/19</u> Signature over Printed Name and Position of Authorized Representative		APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1 3-4-19 Date
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