

NOV 22 2019

POMM-P-006

RECEIVED BY:

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

PG No. 2019-272

Date: 11/8/2019

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-

Lease of Privately-Owned Venue

Please deliver to this office within on November 25-26, 2019 from receipt hereof the following:

Terms & Conditions:

1. 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.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. 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.
4. 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.
5. 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.
6. Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

By the authority of the ~~MSD~~ Chief

Very truly yours,

EDWARD Q. ESPIRITU

AD IV / ASS Chief / OIC-OMSD Chief

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 124,200.00

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

With in the CQB:

Expense Code:

Bdget:

Remarks:

Conforme:

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

BY THE AUTHORITY OF THE TEVP

JANETTE D. MANAOIS, MD
MEDICAL SPECIALIST IV

Date _____

Signature over Printed Name and Position of Authorized Representative

Representative (Treasures of Bolivia Beach Resort)