



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: EL JARDINE FOOD CATERING & MANAGEMENT SERVICES

Address: Alvear St. West, Lingayen, Pangasinan

Tel.Fax No.: 0921-565-1565 / 0917-416-0751

Supplier Registered with: 922-084-772-000 NV



NOV 22 2019
POMM-P-006

RECEIVED BY: 178
PO No. 2019-289

Date: 11/20/2019

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned Venue

Please deliver to this office within on November 23, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	564	pax	MEALS (AM & PM Snacks, Lunch) inclusive of Venue, Event Coordinator, Prizes and other Activity Requirements as follows:	595.00	335,580.00
		Inclusion Package:	* Table & Chairs set-up * Stage Decorations		
			* Water Services * Clown/Face Painting		
			* Water Station * Emcee		
			* Event Coordinator * Venue		
			* Band * Photo Booth		
			* Coffee Station		
		Inclusion for Adults	* Finger Foods * Open Salad Bar		
		Inclusion for Kids	* McDonald's Meals for 8 year old & below		
			* Candy Corner * Ice Cream		
			* Prizes for Games		
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	335,580.00
			Less: VAT (3%)	10,067.40	
			EWT (1%)	3,355.80	13,423.20
			PR No. 19-1028-0481		
			PURPOSE: Conduct of One PhilHealthy Team Day in the Regional Office, Dagupan City	TOTAL	322,156.80

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.

By the Authority of

MARIMEL C. BRAVO

Fiscal Controller III

By the authority of the MSD Chief:

EDWARD Q. ESPIRITU

AO IV / ASS Chief / OIC-OMSD Chief

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>335,580.00</u>		APPROVED: JANETTE D. MANAOIS, MD MEDICAL SPECIALIST IV OIC- Regional Vice President, PRO1 11/20
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	
With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____		
Conforme: _____ Signature over Printed Name and Position of Authorized Representative Leonilda J. Lipin Date: 11-22-09		
		Date