

PURCHASE ORDER

CO A received 12-12-19

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

PO No. 2019-309
Date: 12/4/2019

Supplier: ABULENCIA VIDEO PHOTOGRAPY AND CATERING SERVICES
Address: Poblacion Laoac Pangasinan
Tel.Fax No.: 09189519612
Supplier Registered with: 927-049-210 NV

Terms of Payment:	Charge
Mode of Procurement:	Negotiated Procurement- Small Value Procurement

Please deliver to this office within December 13, 2019 from receipt hereof the following:

Please deliver to this office within <u>December 13, 2019</u> from receipt hereof the following:				UNIT PRICE	TOTAL AMOUNT
NO.	QTY	UNIT	ITEM DESCRIPTION		
18	pax		Meals (PM Snacks and Dinner)	550.00	9,900.00
22	pax		Token	600.00	13,200.00
1	lot		Prizes for Games and Raffle	3,900.00	3,900.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	27,000.00
			Less: VAT (3%)	810.00	
			Less: EWT (1%)	270.00	1,080.00
			PR No. 19-1120-0510		
			PURPOSE: Conduct of LHIO Eastern Pangasinan Christmas Activity/Year-End Celebration cy 2019	TOTAL - NET	25,920.00

Terms & Conditions:

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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 "Reliteration 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.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD CNe

Certified Budget Available: Funds Available in the amount of: 27,000

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

With in the COB

Expense Code

Bayer

Remarks

Conforme:

ALBERTO C. MANDURIAO
Regional Vice President, PRO

12-6-19

Date _____

Antonio D. ABULENIA Date: / /
Signature over Printed Name and Position of Authorized Representative

Date: 2/1/94