



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
1NU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MICHAEL'S CATERING AND CAKE HOUSE

PO No. 2019-319

Address: Brgy., 17 NIA Rd. Laoag City

Date: 12/10/2019

Tel/Fax No.:

Terms of Payment: C.O.D

Supplier Registered with: 271-6926-704-000 Non VAT

Mode of Procurement: Negotiated Procurement-

Small Value Procurement

Please deliver to this office within December 20, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	pax	Meal	350.00	7,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			TOTAL		7,000.00
			Less: VAT (3%)	210.00	210.00
			PR No. 19-1204-0531		
			PURPOSE: Conduct of Year-End Assessment and General Assembly	TOTAL	6,790.00

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 the PhilHealth.
- 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.

BY THE AUTHORITY OF THE DCIV - MSD CHIEF

By the Authority of the

MARIMEL C. DAVALO

CYNTHIA S. SANTOS

EDWARD Q. ESPERITU

Division Chief IV/MSD Chief

AO IV / Chief-ASS

Certified Budget Available:

Funds Available in the amount of: 7,000

APPROVED:

JOSE A. MONES

JANE C. RAGOS

Fiscal Controller III

FC IV/FMS Chief

BY THE AUTHORITY OF THE CHIEF, FMS

JOSE A. MONES
FISCAL CONTROLLER III

ALBERTO C. MANDURIAO

Regional Vice President, PRO 1

With in the COB:

Expense Code:

Budget:

Remarks:

Conforme:

MICHAEL V. GUIRAN

Date: 12/11/19

Signature over Printed Name and Position of Authorized Representative

Date

INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
- This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
- All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:

1 copy - Comptrollership Dept

1 copy - COA

1 copy - Supplier