



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

PHILHEALTH REGIONAL OFFICE I
COA
APR 04 2019
Received By: *rf*
Time: _____

FORM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **DAGUPAN VILLAGE HOTEL**
Address: **Lucas District, Dagupan City**
Tel. Fax No.: **522-3011-12 / 523-3801**
Supplier Registered with: **947-688-135-000 V**

PO No. **2019-048**

Date: **4/3/2019**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement-**

Lease of Privately-Owned Venue

Please deliver to this office within **on April 10-12, 2019** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	75	pax	AM & PM Snacks, Lunch (April 10, 2019)	600.00	45,000.00
	64	pax	AM & PM Snacks, Lunch (April 11, 2019)	600.00	38,400.00
	33	pax	AM & PM Snacks, Lunch (April 12, 2019)	600.00	19,800.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	4,607.14	
			EWT (1%/1.12)	921.43	5,528.57
			PR No. 19-0321-0198		
			PURPOSE: Conduct of Dialogue with Health Care Institutions in Sustaining Quality Engagement	TOTAL	97,671.43

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 - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.
7. 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: **103,200.00**

JOSE A. MONES
Fiscal Controller III

JANE D. RAGOS
FC IV / FMS Chief

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

Date: **4/3/19**

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

4-3-19

Date