PHILHEALTH REGIONAL OFFICE I
COA
APR 04 2019
Received By: [signature]
Time:

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

PGMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ARZADON LEISURE AND PROPERTY DEVELOPMENT INC.
Address: Bonuan Binloc, Dagupan City
Tel.Fax No.: 653-5931
Supplier Registered with: 005-337-645-000 V

PO No. 2019-049
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 11, 2019* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION		UNIT PRICE	TOTAL AMOUNT
	39	pax	MEALS (AM & PM Snacks, Lunch)		650.00	25,350.00
		Amenities:	* Welcome Tarpaulin 4x6	* LCD Projector and Screen		
			* Use of Philippine Flag, Podium	* Free Flowing Coffee, tea & hot & cold water		
			* Use of sound system and microphone (wired and wireless)			
			Less: VAT (5%/1.12)		1,131.70	
			EWT (1%/1.12)		226.34	1,358.04
			PR No. 19-0314-0185			
			PURPOSE: 2019 Annual Document Custodians' Forum		TOTAL	23,991.96

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,

[signature]
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 25,350.00

[signature]
JOSE A. MONES
Fiscal Controller III

[signature]
JANE C. RAGOS
FC IV / FMS Chief

Within the COB: 2019
Expense Code:
Budget: 25,350.00
Remarks:

APPROVED:

[signature]
ALBERTO C. MANDURIAO
Regional Vice President, PRO1

4-3-19
Date

Conforme: Rowena M. Vaagner
April 3, 2019 Date:
Signature over Printed Name and Position of Authorized Representative