

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ABULENCIA'S VIDEO PHOTOGRAPHY & CATERING SERVICES  
Address: Poblacion, Laoac, Pangasinan  
Tel.Fax No.: 0918-951-9612  
Supplier Registered with: 927-049-210 NV

PO No. 2019-080  
Date: 4/25/2019  
Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within April 25 - June 20, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1,039	pax	SNACKS	50.00	51,950.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx	TOTAL	51,950.00
			Less: VAT (3%)	1,558.50	
			EWT (1%)	519.50	2,078.00
			PR No. 19-0423-0238		
			PURPOSE: ALAGA KA Program for 4Ps & NHTS-PR beneficiaries in Eastern Pangasinan	TOTAL - NET	49,872.00

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 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 Chief

Certified Budget Available: Funds Available in the amount of: <u>61,950</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	
JANE C. RAGOS FC IV / FMS Chief	
With in the COB: <u>2019</u>	
Expense Code: <u>4000-0000-0000</u>	
Bdget: <u>4000-0000-0000</u>	
Remarks: <u>XXXXXXXXXX</u>	
Conforme: <u>ARTURO D. ABULENCIA</u> Date: <u>4/25/19</u>	
Signature over Printed Name and Position of Authorized Representative	
	ALBERTO C. MANDURIAO Regional Vice President, PRO1
	<u>4-25-19</u> Date