Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P 006

PURCHASE ORDER

REGIONAL OFFICE - ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: MICHAEL'S CATERING SERVICES
Address: Brgy. No. 17, San Francisco, Laoag, Ilocos Norte
Tel./Fax No.:
Supplier Registered with: 271-6926-704-000 NV

PO No. 2021_063
Date: 9/7/2021
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement
Small Value Procurement

Please deliver to this office within *on September 9, 2021* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	13	pax	AM SNACKS	125.00	1,625.00
			xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	TOTAL	1,625.00
			Less: VAT (1%)		16.25
			PR No. 21-0806-0169 PURPOSE: Conduct of Third Quarter Nationwide Simultaneous Earthquake Drill (NSED) CY 2021 in LHIO Ilocos Norte	TOTAL	1,608.75

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 shall 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 hereby incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept directly or indirectly, any gift from any person, group, association or official 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 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 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 to specification quoted.
5. For all returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made under the check within 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 V / MMD Chief

Certified: Budget Available — Funds Available in the amount of 1,625.00

JOSEFA MONES
Budget Officer

EDWARD O. ESPIRITU
ACT V / OIC Office of the FMS Chief

CY 2021
[illegible]
1625.00
none/ HO support

Conforme:

MICHAEL GUIRA
Signature over Printed Name and Position of Authorized Representative

Date: 9/8/2021

APPROVED
By:

MARICAR M. ARZADON, M.D.
Medical Officer VII - HCDMD

DENNIS B. ADRE
Regional Vice President, PRO1

SEP 07 2021
Date

Emailed & OA on 9/8/21