

Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 (NU, Commercial Bldg., Francisco Duque Sr., Tapani District Dagupan City)

POMM-P-006

**PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **SACRED HEART SAVINGS COOPERATIVE**  
 Address: **Pob. Galimuyod, Ilocos Sur**  
 Tel./Fax No.: **9177999455**  
 Supplier Registered with: **263-534-145-020 NV**

PO No. **18-107**  
 Date: **7/20/2018**  
 Terms of Payment: **Charge**  
 Mode of Procurement: **Negotiated Procurement-  
 Small Value Procurement**

Please deliver to this office within on **July 28, 2018** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	45	pax	MEALS (AM & PM Snacks, Lunch) XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	450.00	20,250.00
			Less: VAT (3%)	607.50	
			EWT (1%)	202.50	810.00
			PR No. 18-0629-0259		
			PURPOSE: Retooling on MCIS Processes and Conduct of Membership Forum for FOD & LHOs Batch 3		
			<b>TOTAL</b>		<b>19,440.00</b>

**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 their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
- 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.
- Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

PHILHEALTH REGIONAL OFFICE I

7-30-18

Received By: *[Signature]*  
 Time: *[Signature]*

Very truly yours,

*[Signature]*  
**CYNTHIA B. SANTOS**  
 DC IV / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: **20,250.00**

**JOSE A. MONES**  
 Fiscal Controller III

**EDWARD Q. ESPIRITU**  
 AO IV / FMS CHIEF

With in the COB: **2018**  
 Expense Code: **6029999005**  
 Budget: **Membership**  
 Remarks:

Conforme:

*[Signature]*  
**JESSIE CARDONA**

Date: **7/26/18**

Signature over Printed Name and Position of Authorized Representative

APPROVED:

**126 JUL 2018**

**ALBERTO C. MANDURIAO**  
 Regional Vice President, PRO1

Date