



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

PHILIPPINE HEALTH INSURANCE CORPORATION
REGIONAL OFFICE I
DPA
OCT 23 2018
Received By: 76
Time: 7:10

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: KILUSAN NG MGA KABABAIHAN TUNGO SA KAUNLARAN MULTI-PURPOSE COOPERATIVE
Address: Poblacion, Alaminos City, Pangasinan
Tel.Fax No.: 9273792410
Supplier Registered with: 006-078-184-000 NV

PO No. 18-181
Date: 10/23/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on October 26, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	350	pax	MEALS (Snacks)	131.75	46,112.50
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (3%)	1,383.38	
			EWT (1%)	461.13	1,844.51
			PR No. 18-0403-0174		
			PURPOSE: For the conduct of ALAGA KA KAKOSA Part II in Burgos, Pangasinan		
			TOTAL		44,267.99

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 thier 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 - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

BY THE AUTHORITY OF THE FC III

MERLIE C. DORIA
FC III

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>46,112.50</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	BY THE AUTHORITY OF THE MARIMEL C. BRAVO FISCAL CONTROLLER II
With in the COB:		
Expense Code:		
Bdget:		
Remarks:		
Conforme:		
Signature over Printed Name and Position of Authorized Representative <u>Antonita Santiago</u> Date: <u>10-24-18</u>		
		ALBERTO C. MANDURIAO Regional Vice President, PRO1
		Date

COA On-travel
Oct 29, 2018