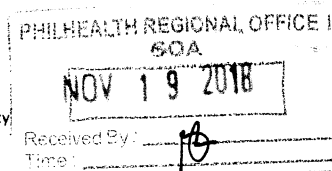




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



POMM-P-01

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **FLAVORS PLUS, INC.**
 Address: **CSI The City Mall, Lucao District, Dagupan City**
 Tel.Fax No.: **522-8849**
 Supplier Registered with: **006-015-639-000 V**

PO No. **18-192**
 Date: **11/8/2018**
 Terms of Payment: **Charge**
 Mode of Procurement: **Negotiated Procurement**
 Lease of Privately-Owned Vehicle

Please deliver to this office within **on November 19, 2018** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	80	pax	MEALS (AM Snacks & Lunch)	550.00	44,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	44,000.00
			Less: VAT (5%/1.12)	1,964.29	
			EWT (1%/1.12)	392.86	2,357.15
			PR No. 18-1015-0384		
			PURPOSE: Orientation on Expanded Primary Care Benefit (ePCB)	TOTAL	41,642.85

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 to be incorporated 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 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 with 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.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: **₱ 44,000.00**

JOSE A. MONES
 Fiscal Controller III

JANE C. RAGOS
 FC IV / FMS Chief

With in the COB: **2018**
 Expense Code: **50000000**
 Object: **50000000**
 Remarks:

On behalf of:

LENN F. MONES
 Signature over Printed Name and Position of Authorized Representative

Date: **11/15/18**

APPROVED:

ALBERTO C. MANDURIAO
 Regional Vice President, PRO1

Date