



PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	KUYA MAX GRILL, RESTAURA	ANT FOODS ATBP.	PO No.	2019-008
Address:	De Venecia Road, Lucao Disti	rict, Dagupan City	Date:	2/14/2019
Tel.Fax No.:	523-5629		Terms of Payment:	Charge
Supplier Reg	stered with: 907-516-576-00	00 V	Mode of Procurement:	Negotiated Procurement-
				Small Value Procurement

Please deliver to this office within an February 18-20, 2019, from receipt hereof the following:

NO.	NO. QTY UNIT		ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	рах	MEALS (Lunch, AM&PM Snacks) for February 18, 2019	721.00	14,420.00
	40	рах	MEALS (Lunch, AM&PM Snacks) for February 19, 2019	721.00	28,840.00
	34	рах	MEALS (Lunch, AM&PM Snacks) for February 20, 2019	721.00	24,514.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	67,774.00
			Less: VAT (5%/1.12)	3,025.63	
			EWT (1%/1.12)	605.13	3,630.76
			PR No. 19-0204-0117		
			PURPOSE: Conduct of 2019 PRO 1 Membership Forum and Pilot Implementation of MIS	TOTAL	64,143.24

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.
- 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
- 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.
 - 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.

MERLIE & DURIE	HE.	Pr Th	Tescoli C Conto	Very truly yours, CYNTHIA S. SANTOS Division Chief IV / MSD Chief
Certified Budget Available	Funds Available in	the amount of:		APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS	THE AUTHORITY OF THE		
With in the COB:	FC IV / FMS Chief	MARIMEL C. BRAVO FISCAL CONTROLLER II		ALDEDTO C. MANDUDIAG
Expense Code:	77999 D. 11			ALBERTO C. MANDURIAO Regional Vice President, PRO1
Remarks:			REPORT OF THE	
Conforme:	10.17		a	CYNTHIA TS. SANTOS DPA' DC IV 1 MSD CHIEF
	Multo 10 000 d Name and Position of A	Date: 2-18-1 Authorized Representative	9	Date
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