



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

PHILHEALTH REGIONAL OFFICE I  
COA  
Received By: *[Signature]*  
Date: *11:00 am*

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **HOTELINDA SUITES**  
Address: **Rivero St., Brgy. VIII, Vigan City, Ilocos Sur**  
Tel.Fax No.: **077-722-2402**  
Supplier Registered with: **102-277-382-000 V**

PO No. **2019-010**

Date: **2/14/2019**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement-  
Small Value Procurement**

Please deliver to this office within **on February 14, 2019** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	120	pax	Snacks	80.00	9,600.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx	TOTAL	9,600.00
			Less: VAT (5%/1.12)		428.57
			PR No. 19-0213-0148		
			PURPOSE: For the Corporation's 24th Anniversary Celebration	TOTAL - NET	9,171.43

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 to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

*[Signature]*  
**CYNTHIA S. SANTOS**

Division Chief IV / MSD Chief

Certified Budget Available:

Funds Available in the amount of: 9,600

*[Signature]*  
**JOSE A. MONES**

Fiscal Controller III

*[Signature]*  
**JANE C. RAGOS**

FC IV / FMS Chief

With in the COB: *[Signature]*

Expense Code: *[Signature]*

Bdget: *[Signature]*

Remarks: *[Signature]*

Conforme: *[Signature]*

**MINDA P. MORALES**

Date: **2-14-19**

Signature over Printed Name and Position of Authorized Representative

APPROVED:

*[Signature]*  
**ALBERTO C. MANOURIAO**

Regional Vice President, PRO1