



**PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

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

**PO No.** 2019-100  
**Date:** 5/10/2019  
**Terms of Payment:** Charge  
**Mode of Procurement:** Negotiated Procurement-  
 Lease of Privately-Owned Venue

Please deliver to this office within on May 15, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	41	pax	MEALS (AM & PM Snacks, Lunch)	680.00	27,880.00
			Less: VAT (5%/1.12)	1,244.64	
			EWT (1%/1.12)	248.93	1,493.57
			PR No. 19-0401-0212		
			PURPOSE: Round Table Discussion with COA Team Leaders in Dagupan City	TOTAL	26,386.43

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 - 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.

Very truly yours,

**CYNTHIA S. SANTOS**  
 Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>27,880.00</u> <b>JOSE A. MONES</b> Fiscal Controller III <b>JANE C. RAGOS</b> FC IV / FMS Chief With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____ Conforme: <u>GLORIA MARIS</u> _____ Signature over Printed Name and Position of Authorized Representative	<b>COMMISSION ON AUDIT</b> <b>AUDIT TEAM R1-04 (PHIC Group)</b>  <b>MAY 15 2019</b> RECEIVED BY: <u>ay</u>	APPROVED:  <b>ALBERTO C. MANDURIAO</b> Regional Vice President, PRO1  <u>5-14-19</u> Date
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