

COMMISSION ON AUDIT  
AUDIT TEAM R1-04 (PHIC Group)



MAY 21 2019

RECEIVED BY: YB 9:46 am  
PQMM-P-006

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

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: NORTHVIEW HOTEL

Address: Brgy. 46 Nalbo Airport Avenue, Laoag City

Tel./Fax No.: (077) 773-1689 / 773-2440

Supplier Registered with: 165-450-515-000 V

PO No. 2019-103

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 29, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	28	pax	MEALS (AM & PM Snacks, Lunch)	500.00	14,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	625.00	14,000.00
			EWI (1%/1.12)	125.00	750.00
			PR No. 19-0425-0248		
			PURPOSE: Monthly Mandatory Hospital Report Re-tooling in LHIO Ilocos Norte		
			TOTAL - NET		13,250.00

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 their 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,

CYNTHIA S. SANTOS  
Division Chief IV / MSQ Chief

Certified Budget Available: Funds Available in the amount of: 14,000.00

JOSE A. MONES  
Fiscal Controller III

JANE C. RAGOS  
FC IV / FMS Chief

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

RITODAL JOSE  
Signature over Printed Name and Position of Authorized Representative

Date: 5/16/19

APPROVED:

ALBERTO C. MANDURIAO  
Regional Vice President, PRO1

5-14-19

Date