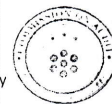




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

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



MAY 24 2019

POMM-P-006

RECEIVED BY: MB

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: KUYA MAX GRILL, RESTAURANT FOODS ATBP.
 Address: De Venecia Road, Lucao District, Dagupan City
 Tel.Fax No.: 523-5629
 Supplier Registered with: 907-516-576-000 V

PO No. 2019-113
 Date: 5/21/2019
 Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
 Small Value Procurement

Please deliver to this office within on June 4, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	29	pax	MEALS (AM & PM Snacks, Lunch)	500.00	14,500.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	14,500.00
			Less: VAT (5%/1.12)	647.32	
			EWT (1%/1.12)	129.46	776.78
			PR No. 19-0425-0244		
			PURPOSE: Conduct of Monthly Mandatory Hospital Report (MMHR) Re- Tooling in LHIO Central Pangasinan	TOTAL	13,723.22

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.

BY THE AUTHORITY OF THE

MARIMEL C. BRAVO
FISCAL CONTROLLER II

By the authority of the MSD Chief:

JANE C. RAGOS
FC-IV / FMS Chief

Very truly yours,

CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: _____

JOSE A. MONES
 Fiscal Controller III

JANE C. RAGOS
 FC IV / FMS Chief

BY THE AUTHORITY OF THE CHIEF, FM
JOSE A. MONES
FISCAL CONTROLLER III

With in the COB: _____
 Expense Code: _____
 Bdgct: _____
 Remarks: _____

Conforme: _____
 Signature over Printed Name and Position of Authorized Representative

Date: 5/24/19

APPROVED:

ALBERTO C. MANDURIAO
 Regional Vice President, PRO1

5-21-19

Date