Rush Please



Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

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

PHILHEALTH REGIONAL OFFICE I
COA

May 29 2019

Received By Abdustur
Time: 4:60 am

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT	ADMINISTRATIVE SECTION	GENERAL SERVICE LINIT
WELL TO WAR DOWN THE TALL THE	NEW AND ASSESSED FOR THE PROPERTY OF A STATE OF THE PARTY	" MEIAEUME DELIANCE MINIT

Sup	plier:	2019-126				
Ado	Address: 108 Brgy. Camansi, San Fernando City, La Union Date:				5/28/2019	
Tel.Fax No.: Terms of Payment:				Charge		
Sup	Supplier Registered with: 296-216-018 NV Mode of Procurement		Negotiated Procurement-			
					Small Value Procurement	
	Please de	liver to this	office within May 31, 2019 from receipt hereof the following:			
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT	
	23	pax	MEALS (Lunch, PM Snacks, Dinner and Pica ²)	580.00	13,340.00	
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx	TOTAL	13,340.00	
			Less: VAT (3%)	400.20		
			EWT (1%)	133.40	533.60	
			PR No. 19-0521-0276			
			PURPOSE: Conduct of GAD Family Orientation in LHIO La Union	TOTAL - NET	12,806.40	
4 5	The contra incorporate judicial ent connection conflict of i PhilHealth specification In case of r cash" or "ir	e into this Cont ity, whether fri with any trans nterest. shall have the i in when quoted eturned/rejecte i check" three (3	ndertake to comply with Office Order No. 0018-2015 entitled "Reiteration of Philact. No PhilHealth personnel shall solicit, demand, or accept, directly or indire om the public or private sector, at anytime, on or off the work premises where faction which may affect the functions of thier office or influence the actions of cright to reject and return the items and cancel the corresponding PO if goods de-	ctly, any gift from any such gift is given in th firectors or employees livered are defective, i	person, group, association, or e course of official duties or in , or create the appearance of a ncomplete or non-compliant as	
ä	MARIN	EL C. BRAY	vc.	***************************************	THIAS, SANTOS Chief IV / MSD (Hief	
	ified Budge	: Available:	Funds Available in the amount of:	APPROVED:		
	A. MONES	***	JANE C. RAGOS	***************************************		
With	al Controller		FC IV / FMS Chief	m	5/18/19	
	ise Code:				M. ANDARON M.D.	
Bdget Rema				M.O. V. M. B.O.		
					*	
Conf	forme:	Joan	nne Santiago Date: 5-38-19			
	Signature o	ver Printed Nar	me and Position of Authorized Representative		Date	