



**JUN 21 2019**

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 POMM F. 006



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 1NU, Commercial Bldg., Francisco Duque St., Tabuac District, Dagupan City

**PURCHASE ORDER - SUPPLEMENTAL**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SEA AND SKY HOTEL AND RESTAURANT  
 Address: San Fernando City, La Union  
 Tel. Fax No.: (072) 607-5580 / 5582  
 Supplier Registered with: 006-107-965-000 V

PO No. 2019-139\_S102  
 Date: 6/7/2019  
 Terms of Payment: Charge  
 Mode of Procurement: Negotiated Procurement-  
 Lease of Privately-Owned Venue

Please deliver to this office within on May 28, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	pax	MEALS (AM & PM Snacks, Lunch) with free flowing coffee and use of function hall	500.00	1,000.00
			XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX	TOTAL	1,000.00
			Less: VAT (5%/1.12)		44.64
			PR No. 19-0604-0303		
			PURPOSE: Monthly Mandatory Hospital Report Re-tooling in LHIO La Union	TOTAL - NET	955.36

**Terms & Conditions:**

1. 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.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. 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.
4. 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.
5. 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.
6. 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*  
**CYNTHIA S. SANTOS**  
 Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>1,000.00</u> JOSE A. MONES Fiscal Controller III With in the COB: <u>Change to Reg. Fee</u> Expense Code: _____ Budget: _____ Remarks: _____ Conforms: _____ Maria Bonchito C. Amata Signature over Printed Name and Position of Authorized Representative	APPROVED: _____ ALBERTO C. MANDURIAO Regional Vice President, PRO1 6-10-19 Date
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