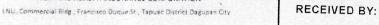


COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group)









PURCHASE ORDER - SUPPLEMENTAL

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

OFFICE/DEPARTMENT ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SEA AND SKY HOTEL AND RESTAURANT Address:

Tel.Fax No.: (072) 607-5580 / 5582

San Fernando City, La Union

Supplier Registered with: 006-107-965-000 V

PO No. 2019-139_5102

Date: 6/7/2019

Terms of Payment: Charge Mode of Procurement: Negotiated Procurement-

Very truly yours,

Lease of Privately-Owned Venue

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	рах	MEALS (AM & PM Snacks, Lunch) with free flowing coffee and use of function hall	500.00	1,000.00
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx	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	955.38

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
- 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 "Relteration of Philhealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No Philihealth 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 inforest
- 4 Philheulth 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.
- Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

	CYNTHAS. SANTOS Division Chiefty / MSD Cher
Certified Budget Available: Funds Available in the amount of: 1,000 00 JOSE A. MONES Fiscal Controller III FOR Chief	APPROVED:
With in the COB. Expense Code: Bogel Remarks	ALBERTO C. MANOURIAO Regional Vice President, PRO1
Mona Ronello C. Amita Date: UM 19 Signature over Printed Name and Position of Authorized Representative	6-10-19 Date