

PURCHASE ORDER

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



JUN 21 2019

POMM-P-006

RECEIVED BY: RB

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: VINZ IHAW-IHAW SA PANDAYAN
Address: Pandayan, Pob. Alaminos, Pangasinan
Tel. Fax No.:
Supplier Registered with: 927-796-869 NV

PO No. 2019-141
Date: 6/11/2019
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 10 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	100	pc	Softdrinks	15.00	1,500.00
	150	pck	Crackers	7.00	1,050.00
	150	pc	Coffee	10.00	1,500.00
	150	pc	Juice	10.00	1,500.00
	30	pck	Candies	45.00	1,350.00
	10	pck	Coffee Cup	60.00	600.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	7,500.00
			Less: VAT (3%)		225.00
			PR No. 19-0128-0105		
			PURPOSE: Customers' Delight for LHIO Western Pangasinan for the 2nd Quarter of CY 2019	TOTAL	7,275.00

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 - 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 Chief, MSD

Very truly yours,

EDWARD Q. ESPIRITU
AO IV

6/13/19

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: <u>Funds Available in the amount of: 1,500.00</u> JOSE A. MONES Fiscal Controller III With in the COE Expense Code: Budget Remarks: Conformer: <u>Gay B. Garcia</u> Signature over Printed Name and Position of Authorized Representative	APPROVED: BY THE AUTHORITY OF THE <u>RVP</u> JANETTE D. MANAOIS, MD MEDICAL SPECIALIST IV 6/14 ALBERTO C. MANDURIAO Regional Vice President, PRO1 Date
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