



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

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

JUN 17 2019

RECEIVED BY: As
 PO No. 2019-142_S112

POMM-P-006

PURCHASE ORDER - SUPPLEMENTAL

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

Date: 6/11/2019
 Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
 Small Value Procurement

Please deliver to this office within on June 6, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	10	pax	MEALS (AM & PM Snacks, Lunch)	500.00	5,000.00
			xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	5,000.00
			Less: VAT (5%/1.12)		223.21
			PR No. 19-0607-0312		
			PURPOSE: Conduct of Monthly Mandatory Hospital Report (MMHR) Re-tooling in LHIOs Eastern Pangasinan and Western Pangasinan	TOTAL	4,776.79

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 Chief, MSD

Very truly yours,

EDWARD Q. ESPIRITU
 AO IV

6/13/19

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>5,000.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	ALBERTO C. MANDURIAO Regional Vice President, PRO1
With in the COB: _____	Expense Code: _____	
Bdget: _____	Remarks: _____	JANETTE D. MANAOIS, MD MEDICAL SPECIALIST IV
Conforme: _____	Signature over Printed Name and Position of Authorized Representative	
	Date: <u>6-13-19</u>	Date

BY THE AUTHORITY OF THE DRP