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

JUN 26 2019

RECEIVED BY:

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: ALAO BAR & RESORT
Address: Naguilian, Caoayan, Ilocos Sur
Tel./Fax No.: 9175432548
Supplier Registered with: 922-445-782 VAT

PO No. 2019-148
Date: 6/24/2019
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within June 27-28, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	136	pax	SNACKS	150.00	20,400.00
			xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	910.71	
			EWT (1%/1.12)	182.14	1,092.85
			PR No. 19-0619-0319		
			PURPOSE: Peer Review	TOTAL	19,307.15

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 public or 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 not 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
Division Chief IV / MED Chief

Certified Budget Available: Funds Available in the amount of 20,307.20

JOSE A. MONES
Fiscal Control V II

JANE C. RAGOS
FCSV / FMS Chief

Certified:

GERALYN R. QUENDATO
Signature over Printed Name and Position of Authorized Representative

Date: 6-25-19

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

Date: 6/25/19