

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

POMM-P-006

PURCHASE ORDER

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. **2019-165**
 Date: **7/17/2019**
 Terms of Payment: **Charge**
 Mode of Procurement: **Negotiated Procurement-
 Small Value Procurement**

Please deliver to this office within **July 25, 2019** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	34	pax	AM Snacks	200.00	6,800.00
	34	pax	PM Snacks	200.00	6,800.00
			XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX		
			Less: VAT (3%)	408.00	
			EWT (1%)	136.00	544.00
			PR No. 19-0711-0347		
			PURPOSE: PEERs Forum	TOTAL	13,056.00

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 "Reliteration 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 - 4:00PM before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

By the Authority of the

MARIMEL C. BRAVO
 Fiscal Controller II



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

JUL 19 2019

RECEIVED BY: De

BY THE AUTHORITY OF THE CHIEF, FMS
JOSE A. MONES
 FISCAL CONTROLLER III

Very truly yours,

CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of 13,056.00

JOSE A. MONES

Fiscal Controller III

JANE C. RAGOS

FC IV / FMS Chief

Within the COB:

Expense Code:

Object:

Remarks:

Conforme:

Ray B. Garcia Date: July 19, 2019
 Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO
 Regional Vice President, PRO1

BY THE AUTHORITY OF THE

MARICAR H. ARZADON, MD
 MEDICAL OFFICER VII

As per CFO I No. 0503