COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
JUL 23 2019
RECEIVED BY:

POMM-P-006

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Blvd., Pasig City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	J-NIMRO'S CATERING SERVICES	PO No.	2019-171
Address:	Brgy. 17 Abadilla St., Laoag City, Ilocos Norte	Date:	7/22/2019
Tel.Fax No.:	9995528466	Terms of Payment:	Charge
Supplier Registered with:	302-951-706-000 NV	Mode of Procurement:	Negotiated Procurement-Small Value Procurement

Please deliver to this office within *July 23-31, 2019* from receipt hereof the following:

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	492	pax	MEALS (Dingras)	80.00	39,360.00
	335	pax	MEALS (Bacarra)	80.00	26,800.00
	328	pax	MEALS (Paoay)	80.00	26,240.00
	400	pax	MEALS (Solsona)	80.00	32,000.00
	439	pax	MEALS (Nueva Era)	80.00	35,120.00
	600	pax	MEALS (City of Batac)	80.00	48,000.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx	TOTAL	207,520.00
			Less: VAT (3%)	6,225.60	
			EWT (1%)	2,075.20	8,300.80
			PR No. 19-0718-0353		
			PURPOSE: ALAGA KA activities in the different municipalities of Ilocos Norte	TOTAL - NET	199,219.20

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 juridical 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 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.
6. Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

By the Authority of the
7/27
MERLE C. DORIA
Fiscal Clerk III

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available	Funds Available in the amount of: 207,520.00	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief BY THE AUTHORITY OF THE CHIEF, FMS 7/22/19 JOSE A. MONES FISCAL CONTROLLER III	7/22/19 Marican M. Arzadon, M.D. Medical Officer VII OIC-RVP, PRO 1
Date in the TDB: 2019 Expense Code: 5020301000 Budget: 207,520.00 Remarks: Hapag 2k		
Conforme MICHELLE AGLINAY Date: 07/22/19 Signature over Printed Name and Position of Authorized Representative		Date