




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

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

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

 **AUG 07 2019** POMM-P-006

RECEIVED BY: MA

PO No. 2019-172

Supplier: VANNETY SHOPPERS BOUTIQUE

Address: Poblacion, Calasiao, Pangasinan

Tel.Fax No.: \_\_\_\_\_

Supplier Registered with: 410-702-801-001 NV

Date: 7/22/2019

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within 1-2 months from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	203	pcs	Wader / Jumpsuit	650.00	131,950.00
			xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	131,950.00
			Less: VAT (3%)	3,958.50	
			EWT (1%)	1,319.50	5,278.00
			PR No. 19-0710-0345		
			PURPOSE: For PRO I use	TOTAL - NET	126,672.00

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 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 to 3:00PM on working days on or before the date stipulated in the PO.

By the Authority of MA  
**MARIMEL C. BRAVO**  
Fiscal Controller II

Very truly yours,

CYNTHIA S. SANTOS  
CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: _____	Funds Available in the amount of: <u>131,950.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	<u>ALBERTO C. MANDURIAO</u> Regional Vice President, PRO1  <u>7/23/18</u>
With in the COB: _____	<u>BY THE AUTHORITY OF THE CHIEF, FMS</u> <u>JOSE A. MONES</u> FISCAL CONTROLLER III	
Expense Code: _____		
Bdget: _____		
Remarks: _____		Date
Conforme: _____		
<u>CRISTINA GRACE T. NICOLAS</u> Signature over Printed Name and Position of Authorized Representative		
Date: <u>8-2-19</u>		