

PURCHASE ORDER

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



JUL 30 2019

POMM-R-006

RECEIVED BY: *clp*

PO No. 2019-175

Date: 7/25/2019

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned Venue

Supplier: **GLORIA MARIS / FLAVORS PLUS**
Address: **CSI The City Mall, Lucao District, Dagupan City**
Tel. Fax No.: **522-8849**
Supplier Registered with: **006-015-639-000 V**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Please deliver to this office within **on August 23, 2019** from receipt hereof the following:

| QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|------|---|------------|--------------|
| 55 | pax | MEALS (AM & PM Snacks, Lunch) | | |
| | | Less: VAT (5%/1.12) | 680.00 | 37,400.00 |
| | | EWT (1%/1.12) | 1,669.64 | |
| | | PR No. 19-0708-0340 | 333.93 | 2,003.57 |
| | | PURPOSE: Conduct of BAS Mid-Year Assessment for CY 2019 | | |
| | | TOTAL | | 35,396.43 |

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

Partial delivery per item will not be accepted.

Very truly yours,

Authority of *Marimel C. Bravo*
MARIMEL C. BRAVO

Fiscal Controller III

Unallocated Budget Available: Funds Available in the amount of: **37,400.00**

J. MONES
Controller III

JANE C. RAGOS
FC IV / FMS Chief

BY THE AUTHORITY OF THE CHIEF, FMS

JOSE A. MONES
FISCAL CONTROLLER III

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

7-27-19

Date

Signature: *Levy* *FLOR*

Date: 7/29/19

Signature over Printed Name and Position of Authorized Representative