

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



AUG 07 2019

RECEIVED BY: 16

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: URDANETA ROASTERS FOODLINE, INC. PO No. 2019-178
Address: GF 17-32 CB Mall Nancayasan, Urdaneta City, Pangasinan Date: 8/1/2019
Tel. Fax No.: 540-2413 Terms of Payment: Charge
Supplier Registered with: 009-020-256-000 V Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on August 9, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	68	pax	MEALS	200.00	13,600.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	13,600.00
			Less: VAT (5%/1.12)	607.14	
			EWT (1%/1.12)	121.43	728.57
			PR No. 19-0730-0377		
			PURPOSE: PEERs/Employer's Forum in LHIO Eastern Pangasinan	TOTAL	12,871.43

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,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>13,600</u> JOSE A. MONES _____ JANE C. RAGOS _____ Fiscal Controller III _____ FC IV / FMS Chief _____		APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1 BY THE AUTHORITY OF THE RVP: MARICAR M. ARZADON RIV Medical Director VII Date: <u>8/2/19</u>
With in the COB: <u>CY 2019</u> Expense Code: <u>5029 00 1004</u> Budget: <u>13,600.00</u> Remarks: <u>CON-SBC</u>		
Conformer: _____ <u>HANNA CORILLY J. PASCUA</u> Date: <u>08/05/19</u> Signature over Printed Name and Position of Authorized Representative		