

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
1NU, Commercial Bldg., Francisco Duque St., Tapac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: R BUFFET
Address: San Fernando City, La Union
Tel./Fax No.: (072) 888-0233
Supplier Registered with: 928-039-361-000 V

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



AUG 14 2019

RECEIVED BY: ac POCM R 006

PO No. 2019-182

Date: 8/7/2019

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement
Small Value Procurement

Please deliver to this office within on August 13, 2019 from receipt hereof the following:

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	18	pax	MEALS (AM & PM Snacks, Lunch)	450.00	8,100.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)		
			PR No. 19-0723-0362		361.61
			PURPOSE: Re-Orientation Cum Workshop on MCIS for CY 2019 in		
			LHO La Union		
			TOTAL		7,738.39

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 incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association or legal 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 "on 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.

By the Authority of the

MARIMEL C. BRAVO
Fiscal Controller II

By the authority of the MSD Chief

EDWARD Q. ESPIRITU
ADMINISTRATIVE OFFICER IV

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>8,100.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	
BY THE AUTHORITY OF THE CHIEF, FMS JOSE A. MONES FISCAL CONTROLLER III		ALBERTO C. MANDURIAO Regional Vice President, PRO1
Conformer: <u>Meliza Casalquivan</u> Signature over Printed Name and Position of Authorized Representative		Date: <u>8-9-19</u>