

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
1st Floor, Commercial Bldg., Francisco Duque St., Tapuac District, Dagupan City

PURCHASE ORDER

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



AUG 22 2019

RECEIVED BY: *AB*

POMM-P-006

OFFICE/DEPARTMENT, ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CUISINERO GARDEN RESTAURANT
Address: Urdaneta Villas Town Homes, Mc Arthur Hi-way, Nancayasan, Urdaneta City
Tel./Fax No.: 0933-827-8388
Supplier Registered with: 900-509-452-000 NV

PO No. 2019-186

Date: 8/8/2019

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on August 22, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	15	pax	MEALS	450.00	6,750.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	6,750.00
			Less: VAT (3%)		202.50
			PR No. 19-0723-0366		
			PURPOSE: Re-Orientation Cum Workshop on MCIS for CY 2019 - Batch 6 in LHIO Eastern Pangasinan	TOTAL	6,547.50

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 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.
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 - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.
7. 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
AO III / OIC-OMSD Chief

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>G. 750.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller I	JANE C. RAGOS FC IV / FMS Chief	
With more COA		
Expense Code		
Project		
Remarks		
Conferme:		
BY THE AUTHORITY OF THE CHIEF, FMS JOSE A. MONES FISCAL CONTROLLER III		ALBERTO C. MANDURIAO Regional Vice President, PRO1
Signature over Printed Name and Position of Authorized Representative		Date
<u>MARCO POLO MACAPAGAL</u> Date: <u>Aug 20/2019</u>		<u>8-9-19</u>