	COMMISSION ON AUDA AUDIT TEAM R1-04 (PHIC Group)		
Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION	AUG 2 8 2019		
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City	RECEIVED BY:		

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	MC CAROL FOODS INC.		PO No.	2019-196
Address:	Tapuac District, Dagupan	City	Date:	8/27/2019
Tel.Fax No.:	540-9335	ł	Terms of Payment:	COD
Supplier Reg	istered with: 009-228-108	-000 V	Mode of Procurement:	Negotiated Procurement-
			-	Small Value Procurement

Please deliver to this office within August 30, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	22	рах	MEALS (Lunch and Snacks)	355.50	7,821.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx	TOTAL	7,821.00
			Less: VAT (5%/1.12)		349.15
			PR No. 19-0723-0367		
			PURPOSE: RE-orientation Cum Workshop on MCIs for CY 2019	TOTAL	7,471.85

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 thier 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.

	Very truly yours,
Contrad Rudget Available: Evide Available in the amount of 7,82	CYNTHIA S. SANTOS Division Chief IV / MSD Chief
Certified Budget Available: Funds Available in the amount of:	APPROVED:
Fiscal Controller III FC IV / FMS Chief	
With in the COB: (Y 2019) Expense Code: (D 2009 900)	ALBERTO C. MANDURIAO Regional Vice President, PRO1
Bdget: 7(8),00 Remarks: MEM-SEC	Regional vice President, PROI
Conforme: MUNDING CRIMINEZ	8/27/19
Signature over Printed Name and Position of Authorized Representative	Date