

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

SEP 28 2019

RECEIVED BY: MB

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: JAMC CATERING SERVICES
 Address: 108 Brgy. Camansi, San Fernando City, La Union
 Tel./Fax No.: _____
 Supplier Registered with: 296-216-018 NV

PO No. 2019-207
 Date: 9/18/2019
 Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
 Lease of Privately-Owned Venue

Please deliver to this office within on September 20, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	23	pax	MEALS (PM Snacks, Dinner and Pica ²)	1,350.00	31,050.00
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	31,050.00
			Less: VAT (3%)	931.50	
			EWT (1%)	310.50	1,242.00
			PR No. 19-0809-0383		
			PURPOSE: Conduct of LHIO La Union Mid-Year Assessment for CY 2019	TOTAL - NET	29,808.00

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

Very truly yours,

CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>31,050.00</u> JOSE A. MONES Fiscal Controller III With in the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____ Conforms: _____ Signature over Printed Name and Position of Authorized Representative: <u>Alberto C. Manduriao</u> Date: <u>Sept. 18, 2019</u>	APPROVED: _____ ALBERTO C. MANDURIAO Regional Vice President, PRO1 _____ Date: <u>9/18/19</u>
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