Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible]

POXM-P-[illegible]

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: LENOX HOTEL
Address: Rizal St., Dagupan City
Tel.Fax No.: 515-8889/7094-96
Supplier Registered with: 113-888-395-001 V

PO No. 2019-209
Date: 9/19/2019
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Lease of Privately-Owned Venue

*Please deliver to this office within on **September 26-27, 2019** from receipt hereof the following:*

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	40	pax	MEALS (AM & PM Snacks, Lunch) on September 26, 2019	750.00	30,000.00
	40	pax	MEALS (AM & PM Snacks, Lunch) on September 27, 2019	750.00	30,000.00
			xxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	**TOTAL**	**60,000.00**
			Less: VAT (5%/1.12)	2,678.57	
			EWT (1%/1.12)	535.71	3,214.28
			PR No. 19-0817-0316		
			PURPOSE: Conduct of Managing Your Boss Training for PRO 1 Personnel	TOTAL	**56,785.72**

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 incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or natural 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 to specification or as 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,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Allocation: Funds available in the amount of 60,000

JOSE M. MONES
Fiscal Controller IV

JANE C. RAMOS
FC IV / FMS Chief

Conforme:

VECAR E. LIBATON
9/20/19 Date
Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANGUPIAO
Regional Vice President, PRO1

9/19/19
Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
SEP 23 2019
RECEIVED BY: ac