Û.			COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group)
× 3			SEP 25 2019
		Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION J, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan Ci	RECEIVED BY:
		PURCHASE ORDER	POMM-P-006
	OFFICE/	DEPARTMENT: ADMINISTRATIVE SECTION . GENERAL SERVIC	E UNIT

Supplier:	MC CAROL FOODS INC.	PO No.	2019-213
Address:	Tapuac District, Dagupan City	Date:	9/24/2019
Tel.Fax No.:	540-9335	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 September 26-27 & October 9, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	360	рах	MEALS (AM & PM Snacks) 60 pax/school @ 6 schools	57.00	20,520.00
	30	рах	MEALS (Lunch)	138.00	4,140.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx	TOTAL	24,660.00
			Less: VAT (5%/1.12)	1,100.89	
			EWT (1%/1.12)	220.18	1,321.07
			PR No. 19-092 0-0417		
			PURPOSE: PRO 1 Evaluation & Monitoring on the Teaching of PhilHealth Leaner's Material to Grade 10 Class in Pangasinan	TOTAL	23,338.93

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,
		CYNTHAS. SANTOS Division Chief IV / MSD Chief
	Certified Budget Available: Funds Available in the amount of: (alaph. ()	APPROVED:
(m IP	
7	JOSE A. MONES JAINE C. RAGIOS	
	Fiscal Contreport FC N/ FMS Chief 1000	
	With in the COB:	
	Expense Code:	ALDERTO C. MANDURIAO
	Bdget:	Regional Vice President, PRO1
	Remarks:	THE AUTHORITY OF THE TOP
	Conforme: ABAR OCHOTAKENA	(hale a
		JOSEPHINE D. QUITON
	Date: Sent- 27, 2012	Division Chief
	Signature over Printed Name and Position of Authorized Representative	Date' +=