

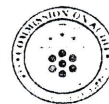


Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
110, Commercial Bldg., Francisco Duque St., Taguig District, Taguig City

PURCHASE ORDER

OFFICE/DEPARTMENT/ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

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



SEP 30 2019

POMM-P-006

RECEIVED BY: 98

Supplier: VIVIEN HOTEL CORPORATION  
Address: Bgry. San Francisco, San Nicolas, Ilocos Norte  
Tel./Fax No.: \_\_\_\_\_  
Supplier Registered with: 008-580-288-000 V

PO No. 2019-218

Date: 9/26/2019

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-

Lease of Privately-Owned Venue

Please deliver to this office within on October 12, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	50	pax	MEALS (AM & PM Snacks, Lunch)	500.00	25,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	25,000.00
			Less: VAT (5%/1.12)	1,116.07	
			EWT (1%/1.12)	223.21	1,339.28
			PR No. 19 0502-0393		
			PURPOSE: Conduct of Accredited Collecting Agents (ACAs) Forum in Ilocos Norte	TOTAL - NET	23,660.72

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 legal 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 when 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 "by check" within (3) calendar days.
- Delivery 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 CNA

Current Budget Available: _____ Funds Available in the amount of: <u>25,000.00</u>	APPROVED:
JOSE A. MONES Fiscal Director	
JANE CRAGOS CIV / FMS Chief	
With an amount of: _____ Expense Code: _____ Begin: _____ Remarks: _____	ALBERTO C. MANDURIAO Regional Vice President, PRO1
Contract No: <u>2019-218</u> <u>CATHERINE R. DUREG</u>	9/27/19
Date: <u>9/20/19</u>	Date
Signature over printed name and Position of Authorized Representative	