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

OCT 28 2019

RECEIVED BY: 

POMM-P- 006

*Republic of the Philippines*
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

# PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: SAN JUAN RESORT DEVELOPMENT AND MANAGEMENT CORPORATION
Address: Ili Sur, San Juan, La Union
Tel.Fax No.: (072) 682-8396
Supplier Registered with: 488-708-056 V

PO No. 2019-232
Date: 10/15/2019
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement- Lease of Privately-Owned Venue

Please deliver to this office within *on November 16-17, 2019* from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|---|---|---|---|---|---|
| | 120 | pax | MEALS (AM Snacks, Lunch, Dinner) on NOVEMBER 16, 2019 | 2,100.00 | 252,000.00 |
| | | | MEALS (Breakfast, AM Snacks, Lunch) on NOVEMBER 17, 2019 | | |
| | | | ACCOMMODATION OF PARTICIPANTS | | |
| | | | xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx | TOTAL | 252,000.00 |
| | | | Less: VAT (5%/1.12) | 11,250.00 | |
| | | | EWT (1%/1.12) | 2,250.00 | 13,500.00 |
| | | | PR No. 19-1004-0436 | | |
| | | | PURPOSE: Conduct of CY 2020 FOD Work Planning and General Assembly | TOTAL | 238,500.00 |

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,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 252,000

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

With in the CCB:
Expense Code:
Bdget:
Remarks:

Conforme:
CORNELIA S. SANCHEZ
OCTOBER 25, 2019
Date:
Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

10-18-19

Date