

PHILIPPINE HEALTH INSURANCE CORPORATION

[illegible]

## PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JOHN-ABBY LAND DEVELOPMENT INC.

Address: Currimao, Ilocos Norte

Tel.Fax No.: 0977-899-9904

Supplier Registered with: 259-616-571 V

PO No. 2019-233

Date: 10/17/2019

**Terms of Payment: Charge**

**Mode of Procurement: Negotiated Procurement-**

### Lease of Privately-Owned Venue

Please deliver to this office within on November 8-9, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	21	pax	MEALS (Breakfast, Lunch & Dinner) with 1 day ACCOMMODATION	1,190.00	24,990.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	24,990.00
			Less: VAT (5%/1.12)	1,115.63	
			EWI (1%/1.12)	223.13	1,338.76
			PR No. 19-1008-0437		
			PURPOSE: 2019 Operational Assessment and 2020 Planning & Target Setting Activity in LHIO Ilocos Sur	TOTAL	23,651.24

**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

<p>Certified Budget Available: Funds Available in the amount of: <u>24,990.00</u></p> <p>JOSE A. MONES Fiscal Controller III</p> <p>JANE C. RAGOS EC IV / FMS Chief</p> <p>With in the COS: _____</p> <p>Expense Code: _____</p> <p>Bdget: _____</p> <p>Remarks: _____</p> <p>Conforme: _____</p> <p><u>MICK ANGELA F. SOROS</u> <u>ROOMS DIVISION SUPERVISOR</u> Date: <u>10/22/19</u></p> <p>Signature over Printed Name and Position of Authorized Representative</p>	<p>APPROVED:</p> <p>ALBERTO C. MANDURIAO Regional Vice President, PRO1</p> <p>MARICEL M. ARZADON MD MEDICAL OFFICER/PRO1</p> <p>Date: <u>11/21/19</u></p>
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