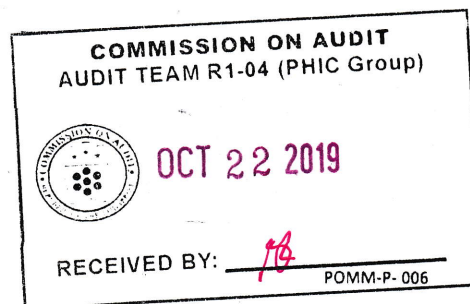




Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER



OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: URDANETA ROASTERS FOODLINE, INC.

PO No. 2019-235

Address: GF 17-32 CB Mall Nancayasan, Urdaneta City, Pangasinan

Date: 10/18/2019

Tel.Fax No.: 540-2413

Terms of Payment: Charge

Supplier Registered with: 009-020-256-000 V

Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within on October 24, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	130	pax	MEALS	200.00	26,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	26,000.00
			Less: VAT (5%/1.12)	1,160.71	
			EWT (1%/1.12)	232.14	1,392.86
			PR No. 19-1016-0460		
			PURPOSE: PEERS/Employer's Forum in LHIO Eastern Pangasinan	TOTAL	24,607.14

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 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 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.

By the authority of the MSD Chief

Very truly yours,

EDWARD Q. ESPIRITU

CYNTHIA S. SANTOS

FC IV / ASS CHIEF / OIC-OMSD Chief

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 26,000

JOSE A. MONES  
Fiscal Controller III

JANE C. RAGOS  
FC IV / FMS Chief

With in the COB: [Signature]

Expense Code: [Signature]

Bdget: [Signature]

Remarks: [Signature]

Conforme: [Signature]

ABNER A. QUINTO DIC Store Manager Date: 10-21-19  
Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO  
Regional Vice President, PRO1

BY THE AUTHORITY OF THE [Signature]  
CYNTHIA S. SANTOS  
DIVISION CHIEF IV / MSD CHIEF

Date