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OMM-P- 005



Republic of the Phillippines PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bidg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: Address: ALAD BAR & RESORT

Tel.Fax No.: 9175432548

Supplier Registered with: 922-445-782 VAT

Naguilian, Caoayan, Ilocos Sur

PO No. 2019-244

Date: 10/23/2019

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-

Small Value Procurement

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	200	рах	SNACKS	200.00	40,000.00
	,		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	and the same of th	
	TO THE RESIDENCE OF THE PERSONS		Less: VAT (5%/1.12)	1,785.71	
		,	EWT (1%/1.12)	357.14	2,142.85
			PR No. 19-1022-0464		
			PURPOSE: PEERs Forum in LHIO Ilocos Sur	TOTAL	37,857.15

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
- 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 to 3:00PM on working days on or before the date stipulated in the PO.

By the Authority of the MON	By the authority of the MSD Chief	Very truly yours,
MARIMEL C. BRAVO Fiscal Controller II	EDWARD Q. ESPIRITU AO IV / ASS Chief / OIC-OMSD Chief	CYNTHIA S. SANTOS Division Chief IV / MSD Chief
Fiscal Controller III FC IV / FMS Chief With in the COB: Expense Code: Bdget: Remarks:	JOSE A. MONES FISCAL CONTROLLER III	ALBERTO C. MANDURIAO Regional Vice President, PRO1 10-24-19
Conforme: GURANN R. QUENAND Signature over Printed Name and Position of Authorized R	Date: 0 25 19 epresentative	Date