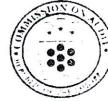


COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)



NOV 06 2019

POMM-P-005

PURCHASE ORDER - SUPPLEMENTAL

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

RECEIVED BY: 10

Supplier: LENOX HOTEL
Address: Rizal St., Dagupan City
Tel. Fax No.: 515-8889/7094-96
Supplier Registered with: 113-888-385-001 V

PO No. 2019-255 5220

Date: 10/30/2019

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement

Lease of Privately-Owned Venue

Please deliver to this office within on October 22, 23, 24, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	22	pax	MEALS (AM & PM Snacks, Lunch) on October 22, 2019	650.00	14,300.00
	26	pax	MEALS (AM & PM Snacks, Lunch) on October 23, 2019	650.00	16,900.00
	5	pax	MEALS (AM & PM Snacks, Lunch) on October 24, 2019	650.00	3,250.00
* With Free Flowing Coffee					
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXX			TOTAL		34,450.00
Less: VAT (5%/1.12)				1,537.95	
EWT (1%/1.12)				307.59	
PR No. 19-1028-0483					1,845.54
PURPOSE: Conduct of Capacity Building with Health Care Institutions on Claims Processing in Pangasinan and La Union			TOTAL		32,604.46

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 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.
- 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 "in check" three (3) calendar days.
- 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.
- Partial delivery per item will not be accepted.

By the Authority of AO IV / ASS Chief

MARIMIL C. BRAVO

Fiscal Controller II

Certified Budget Available:

Funds Available in the amount of:

By the authority of the MSD Chief

Very truly yours,

EDWARD Q. ESPRITU

AO IV / ASS Chief / DIC-DMSD Chief

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

JOSE A. MONES
Fiscal Controller III

By the Authority of the FMS Chief:
JANE C. RAGOS
FC IV / FMS Chief

JOSE A. MONES

Fiscal Controller III

with in the DOB:

w/C BUDGET IMPLICATION

Expense Code:

Budget:

Remarks:

Conformed:

VECAR E. LIBATION

SALES AND MARKETING MANAGER Date: 11/15/19

Signature over Printed Name and Position of Authorized Representative

APPROVED:

Merican Al Arzadon, M.D.
Chair, DOB

OL Regional Vice President, PRO1

10/30/19

Date