

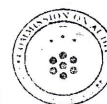


Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

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



DEC 03 2019

POMM-P-006

RECEIVED BY: YB

Supplier: WEST LOCH PARK HOTEL
 Address: Sto. Domingo, Ilocos Sur
 Tel.Fax No.: 0917-876-5492
 Supplier Registered with: 268-427-665-000 V

PO No. 2019-256
 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 November 29-30, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	67	pax	MEALS (2-Lunch, 1-Dinner, 1-AM & 1-PM Snacks)	2,690.00	180,230.00
	1	night	ACCOMMODATION (maximum of quadruple sharing)		
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	180,230.00
			Less: VAT (5%/1.12)	8,045.98	
			EWT (1%/1.12)	1,609.20	9,655.18
			PR No. 19-1004-0432		
			PURPOSE: Conduct of PRO 1 HCDMD Forum 2019	TOTAL - NET	170,574.82

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

By the Authority of the 10/30/19
MARIMEL C. BRAVO
 Fiscal Controller II

By the authority of the MSD Chief

Very truly yours,

EDWARD Q. ESPIRITU

AO IV / ASS Chief / OIC-OMSD Chief

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>180,230</u>		APPROVED: Maricar M. Arzadon, M.D. Medical Officer VII OK- Regional Vice President, PRO1 <u>10/30/19</u> Date
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	
With in the COB: <u>CX 12019</u> Expense Code: <u>5029999001/5029999003</u> Bdgct: <u>180,230</u> Remarks: <u>HCDMD / THE VARIOUS FORUM</u>		
Conforme: <u>JENNIFER RULLODA</u> Signature over Printed Name and Position of Authorized Representative		

Date: 11/29/19