COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
RECEIVED BY:

POMM-P- 006

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
NO. Commerce Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **SEE MANUFACTURING CONTRACTOR**
Address: **140 Aurora Blvd., San Juan City**
Tel.Fax No.: **(02)727-2501/ 725-5920/ 744-3153/4217**
Supplier Registered with: **244-362-034-000 V**

PO No. **2019-262**
Date: **11/4/2019**
Terms of Payment: **Charge**
Mode of Procurement: **Negotiated Procurement-Small Value Procurement**

Please deliver to this office within *7 days* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	7	units	**GANG CHAIR, 4 seaters, made in stainless steel**	14,857.00	103,999.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx	TOTAL	103,999.00
			Less: VAT (5%/1.12)	4,642.81	
			EWT (1%/1.12)	928.56	5,571.37
			PR No. 19-0902-0394		
			PURPOSE: For the use of LHO La Union, LHO Eastern Pangasinan and PSO Agoo La Union	TOTAL - NET	98,427.63

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

Very truly yours,

By the Authority of the

MARIBEL C. BRAVO
Fiscal Controller II

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available Funds Available in the amount of: _____	APPROVED
JOSE A. MONES Fiscal Controller II / **JANE C. RAGOS** FC IV / FMS Chief	
Account Code: _____ Expense Code: _____ Budget: _____ Remarks: _____	Regional Vice President, PRO1
Conforme: _____ Date: 11/14/19 Signature over Printed Name and Position of Authorized Representative	Date