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

NOV 19 2019

RECEIVED BY:

POMM-P- 006

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

New Commerce Bldg. Francisco Dagupan St. Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICES 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. 2019-266
Date: 11/7/2019
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within *30 days* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	units	Table: Clerical Table for SG-17 and below	15,000.00	30,000.00
	2	units	Table: Junior Executive Table for SG-18-23	15,000.00	30,000.00
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx	TOTAL	60,000.00
			Less: VAT (5%/1.12)	2,678.57	
			EWT (1%/1.12)	535.71	3,214.28
			PR No. 19-0116-0041		
			PURPOSE: For PRO Use	TOTAL - NET	56,785.72

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 incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or public entity, whether from the public or private sector, at any time, 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 his/her 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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV/ MSD Chief

Certified: Budget Available

E A. MONES
Acting Controller III

Funds available in the amount of

JANE C. RAGOS
SEC IV / FMS Chief

Name

Office

Signature

Date

Crime

Date: 11/14/19

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

BY THE AUTHORITY OF THE PRESIDENT:

JANETTE C. MANAOIS, MD
REGIONAL SPECIALIST

Date