



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: KABALEYAN COVE RESORT, INC.  
Address: Magtaking, San Carlos City, Pangasinan  
Tel.Fax No.: 636-3621  
Supplier Registered with: 009-481-820-000 V

PO No. 2019-271  
Date: 11/8/2019  
Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement-  
Lease of Privately-Owned Venue

Please deliver to this office within on December 6-7, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	35	pax	Meals and Room Accommodation	2,100.00	73,500.00
			Day 1: Lunch, PM Snacks and Dinner with Room Accommodation		
			Day 2: Breakfast and AM Snacks		
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	73,500.00
			Less: VAT (5%/1.12)	3,281.25	
			EWT (2%/1.12)	1,312.50	4,593.75
			PR No. 19-1023-0471		
			PURPOSE: ORVP Year-end Assessment 2019	TOTAL	68,906.25

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 MSD Chief

Very truly yours,

EDWARD Q. ESPIRITU

CYNTHIA S. SANTOS

AO IV / ASS Chief / OIC-OMSD Chief

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 73,500.00

JOSE A. MONES  
Fiscal Controller III

JANE C. RAGOS  
FC IV / FMS Chief

With in the COB: 11/25/19  
Expense Code: 11/25/19  
Bdget: 11/25/19  
Remarks: 11/25/19

Conforme: for: Anna Liza M. Gaspar  
ANNA LIZA M. GASPAR

Signature over Printed Name and Position of Authorized Representative

Date: 11/25/19

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



NOV 29 2019

RECEIVED BY: As

APPROVED:

ALBERTO C. MANDURIAO

Regional Vice President, PRO1

BY THE AUTHORITY OF THE PRO

JANETTE D. MANAOIS, MD  
MEDICAL SPECIALIST IV

Date: 11/8