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

NOV 19 2019

POMM-P-006

RECEIVED BY: az

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

Supplier: VINZ IHAW-IHAW SA PANDAYAN
Address: Pandayan, Pob. Alaminos, Pangasinan
Tel.Fax No.: 9082531301
Supplier Registered with: 927-796-869 NV

PO No. 2019-274
Date: 11/8/2019
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within *15 days* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	100	pc	Softdrinks	15.00	1,500.00
2	150	pck	Crackers	7.00	1,050.00
3	150	pc	Coffee	10.00	1,500.00
4	150	pc	Juice	10.00	1,500.00
5	30	pck	Candies	45.00	1,350.00
6	10	pck	Coffee Cup	60.00	600.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx	TOTAL	7,500.00
			Less: VAT (3%)		225.00
			PR No. 19-1004-0435		
			PURPOSE: Customer's Delight for LHIO Western Pangasinan	TOTAL	7,275.00

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 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.
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 - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.
7. Partial delivery per item will not be accepted.

By the authority of the MSD Chief:

11-8-19

EDWARD Q. ESPIRITU
AO IV / ASS Chief / OIC-OMSD Chief

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:

JOSE A. MONES
Fiscal Controller III

Funds Available in the amount of: 7,500.00

JANE C. RAGOS
FC IV / FMS Chief

Within the COB:
Expense Code:
Budget:
Remarks:

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

BY THE AUTHORITY OF THE RVP

JANETTE D. MANAOIS, MD
MEDICAL SPECIALIST II
Date

Conforme:

GAY B. GONGA 11-14-19

Date:

Signature over Printed Name and Position of Authorized Representative