

COA received 12-11-19

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: TWO BROTHERS GROCERY, INC.  
Address: 2B Bldg., Quezon Avenue Brgy. 1 Vigan City  
Tel. Fax No.: 077-632-1118  
Supplier Registered with: 005-839-776-000 VAT

PO No. 2019-310  
Date: 12/4/2019  
Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within December 12, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	7	pcs	Pringles Cheese 180g	82.10	574.70
	10	pack	Cream-O Pbl Cookies	76.25	762.50
	10	pack	Classic 86x36x8x12	63.35	633.50
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	1,970.70
			Less: VAT (5%/1.12)	87.98	
			PR No. 19-1120-0513		
			PURPOSE: Conduct of Ilocos Sur Year-End Assessment/General Assembly	TOTAL - NET	1,882.72

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 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 their 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:	Funds Available in the amount of: 1,970.70	APPROVED:
JOSE A. MONES Fiscal Controller III	ANE C. RAGOS FC IV / FMS Chief	
With in the COB:		ALBERTO C. MANDORIO Regional Vice President, PRO1
Expense Code:		12-4-19
Budget:		
Remarks:		
Conforme:		
Signature over Printed Name and Position of Authorized Representative		Date