



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

COMMISSION ON AUDIT  
 AUDIT TEAM R1-64 (PHIC Group)  
  
 DEC 10 2019  
 RECEIVED BY: ash

Supplier: J. SO KUA GROUP, INC. / CITY DE LUXE RESTAURANT  
 Address: Tapuac District, Dagupan City Pangasinan  
 Tel.Fax No.: 522-9880  
 Supplier Registered with: 006-388-243-000 VAT

PO No: 2019-314  
 Date: 12/5/2019  
 Terms of Payment: Charge  
 Mode of Procurement: Negotiated Procurement-  
 Small Value Procurement

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

| NO. | QTY | UNIT | ITEM DESCRIPTION  | UNIT PRICE   | TOTAL AMOUNT    |
|-----|-----|------|---|--------------|-----------------|
|     | 6   | pcs  | Token (pastries)  | 218.00       | 1,308.00        |
|     |     |      | xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx               |              |                 |
|     |     |      |   |              |                 |
|     |     |      |   | <b>TOTAL</b> | <b>1,308.00</b> |
|     |     |      | Less: VAT (5%/1.12)   | <b>58.39</b> |                 |
|     |     |      |   |              |                 |
|     |     |      | PR No. 19-0813-0384   |              | <b>58.39</b>    |
|     |     |      | PURPOSE: Basic Disaster Risk Reduction & Management Training<br>Batch 3 | <b>TOTAL</b> | <b>1,249.61</b> |

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.

CYNTHIA S. SANTOS  
 Division Chief IV/MSD Chief

|  |   |
|--|---|
| Certified Budget Available: <u>Funds Available in the amount of: 1,308</u> | APPROVED:   |
| <u>JOSE A. MONES</u><br>Fiscal Controller III                              | <u>JANE C. RAGOS</u><br>FC IV/FMS Chief                       |
| With in the COB: _____   | <u>ALBERTO C. MANDURIAO</u><br>Regional Vice President, PRO 1 |
| Expense Code: _____  |   |
| Bdget: _____   |   |
| Remarks: _____   |   |
| Conforme: _____  | <u>12-6-19</u>  |
| Signature over Printed Name and Position of Authorized Representative      | Date  |

INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
- This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
- All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:

1 copy - Comptrollership Dept.

1 copy - COA

1 copy - Supplier