



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: SEADWELLER CORP
 Address: Level 1 unit 118A Robinsons Place San Miguel Calasiao Pangasinan
 Tel.Fax No.: 523-1056
 Supplier Registered with: 008-324-406-037 VAT

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

DEC 09 2019

RECEIVED BY: [Signature]
 Date: 12/6/2019

PO No. 2019-315

Terms of Payment: C.O.D
 Mode of Procurement: Negotiated Procurement-
 Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1,050	pax	Snacks (Jolly Hotdog w/drinks)	70.00	73,500.00
			XXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			TOTAL		73,500.00
			Less: VAT (5%/1.12)	3,281.25	
			Less: EWT (1%/1.12)	656.25	3,937.50
			PR No. 19-1202-0529		
			PURPOSE: Conduct of OWWA Celebration for OFW Family Day	TOTAL	69,562.50

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.

[Signature]
CYNTHIA S. SANTOS
 Division Chief IV/MSD Chief

Certified Budget Available: <u>73,900</u> Funds Available in the amount of: <u>73,900</u>	APPROVED:
<u>[Signature]</u> JOSE A. MONES Fiscal Controller III	<u>[Signature]</u> ALBERTO C. MANDURIAO Regional Vice President, PRO 1
<u>[Signature]</u> JANE C. RAGOS FC IV/FMS Chief	
With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____	<u>[Signature]</u> Date: <u>12-6-19</u>
Conforme: <u>[Signature]</u> PHILIP T. NORONA Date: <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

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