

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



DEC 27 2019

RECEIVED BY: *esp. [Signature]*



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
(NIA Commercial Bldg., Francisco Duque St., Taguig District, Taguig City)

FORM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LGU LAOAC
Address: Poblacion, Laoac, Pangasinan
Tel./Fax No.: 9189081894
Supplier Registered with: 000-631-890-000

PO No. 2019-324
Date: 12/19/2019
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Agency-to-Agency

Please deliver to this office within December 27, 2019 from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|---|-------------|--------------|
| | | | Customers' Delights | 29,958.70 | 29,958.70 |
| | | | XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX | TOTAL | 29,958.70 |
| | | | PR No. 19-1213-0536 | | |
| | | | PURPOSE: For LHO Eastern Pangasinan | TOTAL - NET | 29,958.70 |

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,

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

By the Authorized Representative
[Signature]
MARIMELO C. BRAYO
Fiscal Controller III

| | | |
|--|---------------------------------|---|
| Certified Budget Available: _____ Funds Available in the amount of: <u>29,958.70</u> | | APPROVED <i>[Signature]</i> 12/20/19 Mervin M. Aragon, M.D. OK RVP. PRO1 |
| JOSE A. MONES Fiscal Controller III | JANE C. RAGOS IC / FMS Chief | |
| With in the CDR: <u>[Signature]</u> Expense Code: <u>[Signature]</u> Reason: <u>[Signature]</u> Remarks: <u>[Signature]</u> | | |
| Confirms: <u>[Signature]</u> Date: <u>12/26/19</u> Signature over Printed Name and Position of Authorized Representative | | |
| | | Date |