



APR 12 2019

RECEIVED BY: RB

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: HOTELINDA SUITES
Address: Rivero St., Brgy. VIII, Vigan City, Ilocos Sur
Tel. Fax No.: 077-722-2402
Supplier Registered with: 102-277-382-000 V

PO No. 2019-057Date: 4/10/2019Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on April 10-12, 2019 from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|---|-------------|--------------|
| | 500 | pax | SNACKS | 80.00 | 40,000.00 |
| | | | xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx | TOTAL | 40,000.00 |
| | | | Less: VAT (5%/1.12) | 1,785.71 | |
| | | | EWT (1%/1.12) | 357.14 | 2,142.85 |
| | | | PR No. 19-0314-0179 | | |
| | | | PURPOSE: ALAGA KA Activities in LHIO Ilocos Sur | TOTAL - NET | 37,857.15 |

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.

BY THE AUTHORITY OF THE

Very truly yours,

MARIMEL C. BRAVO
FISCAL CONTROLLER III

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

| | | |
|--|--|--|
| Certified Budget Available | Funds Available in the amount of: <u>40,000.00</u> | APPROVED: |
| JOSE A. MONES Fiscal Controller III | JANE C. RAGOS FC IV / FMS Chief | <p>ALBERTO C. MANDURIAO Regional Vice President, PRO1</p> <p>4-10-19</p> <p>Date</p> |
| With in the COB: <u>2/19</u> | BY THE AUTHORITY OF THE CHIEF, FMS JOSE A. MONES FISCAL CONTROLLER III | |
| Expense Code: <u>20000000</u> | | |
| Budget: <u>20000000</u> | | |
| Remarks: | | |
| Conforme: | | |
| <p>JOSEPH S. TORRESO Signature over Printed Name and Position of Authorized Representative</p> <p>Date: <u>4/10/19</u></p> | | |