



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

PURCHASE ORDER

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



APR 29 2019

RECEIVED BY: MB POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: DIAY PLAZA FOODMART & CATERING SERVICES

PO No. 2019-068

Address: Pantay Daya, Vigan City, Ilocos Sur

Date: 4/23/2019

Tel.Fax No.: _____

Terms of Payment: Charge

Supplier Registered with: 166-241-650-000 V

Mode of Procurement: Negotiated Procurement-

Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	63	pax	MEALS (lunch)	200.00	12,600.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	12,600.00
			Less: VAT (5%/1.12)	562.50	
			EWT (1%/1.12)	112.50	675.00
			PR No. 19-0401-0211		
			PURPOSE: Orientation on the Universal Health Care Act for LHIO Ilocos Sur employees	TOTAL - NET	11,925.00

Terms & Conditions:

1. 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.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. 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.
4. 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.
5. 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.
6. 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: 12,600.00

JOSE A. MONES
Fiscal Controller III

JANE C. MAGOS
PE IV / FMS Chief

With in the COB: _____

Expense Code: _____

Bdget: _____

Remarks: _____

Conforme: _____

VICTORIA T. CO
Signature over Printed Name and Position of Authorized Representative

Date: 4/26/19

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

4/25/19

Date