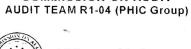


Conforme:

Signature over Printed Name and Position of Authorized Representative

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City





RECEIVED BY: POMM-P- 006

Date

COMMISSION ON AUDIT

PURCHASE ORDER

			OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UI	NIT	
Sup	plier:	DIAY PLAZA	FOODMART & CATERING SERVICES		2019-068
Address: Tel.Fax No.: Supplier Reg		Pantay Daya, Vigan City, Ilocos Sur			4/23/2019
				rms of Payment:	
		ristered with: 166-241-650-000 V Mode of Procuren			Negotiated Procurement
	Please d	eliver to this	office within on April 27, 2019 from receipt hereof the following:		Small Value Procurement
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	63	pax	MEALS (lunch)	200.00	12,600.00
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	TOTAL	12,600.00
	,		Less: VAT (5%/1.12)	562.50	
			EWT (1%/1.12)	112.50	675.00
	<u> </u>		PR No. 19-0401-0211		
			PURPOSE: Orientation on the Universal Health Care Act for LHIO Ilocos Sur employees	TOTAL - NET	11,925.00
3. 4 5	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.				
JOS Fisc	E A. MONE al Control	_	JANE C. PAGOS TOPL PE IV / FMS Chief	APPROVED:	TO C. MANDURIAO
Rem	arks:	HI SUPP			