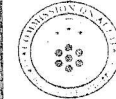




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

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



MAR 30 2021

RECEIVED BY: 113 POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: EL JARDINE FOOD CATERING & MANAGEMENT SERVICES
 Address: Alvear St. West, Lingayen, Pangasinan
 Tel.Fax No.: 0921-565-1565 / 0917-416-0751
 Supplier Registered with: 922-084-772-000 NV

PO No. 2021_001 /
 Date: 3/26/2021

Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
 Small Value Procurement

Please deliver to this office within on March 30, 2021 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	185	pax	MEALS	350.00	64,750.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	64,750.00
			Less: VAT (3%)	1,942.50	
			EWT (1%)	647.50	2,590.00
			PR No. 21-0322-0034		
			PURPOSE: Conduct of 26 th Philhealth Anniversary Celebration-PRO 1 Employees' Day as per C.P.O. No. 2021-00179	TOTAL	62,160.00

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 - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

By the Authority of the
MARIMEL C. BRAVO
 Fiscal Controller II

By the Authority of the FMS Chief:
JOSE A. MONES
 Fiscal Controller III

Very truly yours,

CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: _____ JOSE A. MONES EDWARD Q. ESPIRITU Fiscal Controller III AO IV / OIC-OFMS Chief		APPROVED: MARICAR MARZADON, M.D. Medical Officer VII - HCDMD DENNIS B. ADRE Regional Vice President, PRO1
With in the COB: <u>04/2021</u> Expense Code: <u>5079915001</u> Bdget: <u>64,750</u> Remarks: <u>MOOE SUPPORT</u> Conformer: <u>Jerome F. Amor</u> <u>3/29/21</u> Date: _____ Signature over Printed Name and Position of Authorized Representative		
		Date