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

MAR 30 2021

RECEIVED BY: [signature]

POMM-P 006

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible] Commerce Bldg., Francisco Duque St., Tabuan District, Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: HOTELINDA SUITES
Address: Rivero St., Brgy. VIII, Vigan City, Ilocos Sur
Tel.Fax No.: 077-674-0809
Supplier Registered with: 102-277-382-000 V

PO No. 2021_005
Date: 3/29/2021
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
	21	pax	LUNCH	250.00	5,250.00
	21	pax	SNACKS	100.00	2,100.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	7,350.00
			Less: VAT (5%/1.12)		328.13
			PR No. 21-0326-0062		
			PURPOSE: Conduct of 26th PhilHealth Anniversary Celebration PRO [illegible] Employees Day [illegible] Ilocos Sur	TOTAL - NET	7,021.87

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

Very truly yours,

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

Certified Budget Available / Funds Available in the amount of

[signature]
JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AC IV / OIC OFMS Chief

Within the COB: CY 2021
Expense Code: 50299180001
Budget: 7,350-
Responsible: HR SUPPORT

Conforme:

[signature]
JOSEPH FORMOSO
Signature over Printed Name and Position of Authorized Representative

Date: 3/30/2021

APPROVED

DENNIS B. ADRE ON OFFICIAL LEAVE 3-30-21
Regional Vice President, PRO1

[signature]
MAR [illegible] ARZADON, MD
MO VII, HCDMD Chief
OIC, Office of the RVP

Date: MAR [illegible] 2021