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

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
JUN 08 2021
RECEIVED

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: VINZ IHAW-IHAW SA PANDAYAN
Address: Pandayan, Pob. Alaminos, Pangasinan
Tel.Fax No.: 9082531301
Supplier Registered with: 927-796-869 NV

PO No.: 2021_028
Date: 5/26/2021
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within *10 days* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	100	pcs	Softdrinks	15.00	1,500.00
2	150	pcs	Crackers	7.00	1,050.00
3	150	pcs	Coffee	10.00	1,500.00
4	150	pcs	Juice	10.00	1,500.00
5	30	packs	Candies	45.00	1,350.00
6	10	packs	Coffee / Juice Cup	60.00	600.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	7,500.00
			Less: VAT (3%)		225.00
			PR No. 21-0519-0122		
			PURPOSE: Customers Delight for LHIO Western Pangasinan	TOTAL	7,275.00

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 - 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,

CYNTHIA G. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available — Funds Available in the amount of: 7,500

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

Within the COB: CY 2021
Expense Code: 50299010001
Budget: 7,500.00
Remarks: HCCE/ WP LHIO

APPROVED

By

MAY 27 2021

MARICAR M. ARZADON, M.D.
Medical Officer VII - HCDMD

DENNIS B. ADRE
Regional Vice President, PRO1

Date

Conforme

GUY D. GARCIA Date: 06/08/2021
Signature over Printed Name and Position of Authorized Representative