

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Alia Bldg., Old De Venecia Highway, Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: R BUFFET PO No. 2022_16
Address: 2F Baladad Bldg., Quezon Avenue, San Fernando City, La Union Date: 4/21/2022
Tel./Fax No.: 072-888-0233 Terms of Payment: Charge
Supplier Registered with: 928-039-361-000 V Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on April 22, 2022 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	24	pax	Meals (PM Snack and Dinner)	600.00	14,400.00
			XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)		642.86
			EWT (1%/1.12)		128.57
			PR No. 22-0418-0105 (5029918001)		
			PURPOSE: PhilHealth 27th Year Anniversary for La Union Service Office		
			TOTAL		13,628.57

Terms & Conditions:

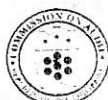
- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax 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 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.
- 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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief (V / MS) / E&E

Certified Budget Available Funds Available in the amount of: <u>14,400</u> JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU AO IV / DIC-OFMS Chief With in the COB: <u>4-22-22</u> Expense Code: <u>5029918001</u> <u>CTOB 8</u> Budget: <u>14400</u> Remarks: <u>MOCE / MO SUPPORT</u> Conforme: <u>PURCH. M. BORDA</u> Date: <u>4-22-22</u> Signature over Printed Name and Position of Authorized Representative	APPROVED: By the Authority of the RVP: JOSEPHINE Q. QUITON DENNIS B. ADRE FOD Regional Vice President, PRO: APR 22 2022 Date
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COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)



APR 22 2022

RECEIVED BY: au

Sent Hov email to COA 4/22/22