Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Arcia Bldg., Ortigas Avenue, Highway, Pasig City

FORM F-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: RRZ CANTEEN AND CATERING SERVICE
Address: San Pedro West, Rosales, Pangasinan
Tel.Fax No.: 09273200197
Supplier Registered with: 435-131-651-001 NV

PO No. 2022_019
Date: 4/29/2022
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement Small Value Procurement

Please deliver to this office within April 30, 2022 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	15	pax	Meals: AM/PM Snacks & Lunch	600.00	9,000.00
			****************** Nothing Follows ******************	**TOTAL**	9,000.00
			Less: VAT (1%)		90.00
			PR No. 22-0428-0117 (5029918001)		
			For PhilHealth's 27th Anniversary Activity Celebration: PhilHealth Employees Day" of LHIO Eastern Pangasinan personnel	TOTAL	8,910.00

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.

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
MAY 02 2022
RECEIVED BY: ag

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of:

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

With in the COB: CY2022
Expense Code: 5029918001
Budget: MOOE/HO SUPPORT
Remarks: 9,000.00

GOB 8

APPROVED:

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

DENNIS B. ADRE
Regional Vice President, PRO1

APR 29 2022

Date

Conforme:

Cristina Cabanban Date: 4-29-22
Signature over Printed Name and Position of Authorized Representative