Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Aida Bldg., DH De Vera St. Arellano, Bucaoa, Dagupan City

PHIC-PO-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: HOTELINDA SUITES
Address: Rivero St., Vigan City
Tel.Fax No.: 0917-5682768
Supplier Registered with: 102-277-382-000 V

PO No. 2022_069
Date: 8/16/2022
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement
Small Value Procurement

Please deliver to this office within August 18-26, 2022 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	125	pax	Snacks	100.00	12,500.00
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx	TOTAL	12,500.00
			Less: VAT (5%/1.12)		558.04
			EWT (1%/1.12)		111.61
			PR No. 22-0816-0230 (5029901002)		
			PURPOSE. For Conduct of In-person PhilHealth Employers Engagement Representatives (PEERs Forum) of LHIO Ilocos Sur	TOTAL	11,830.35

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. If the date of receipt of the Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or email.
3. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
4. Delivery Receipt and/or Sales Invoice shall be required for one-time complete delivery of the goods.
5. 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 business 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.
6. 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.
7. 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.
8. Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 12,500	APPROVED:
JOSE A. MONES, Fiscal Controller III — EDWARD O. ESPIRITU, AO IV / OIC OFMS Chief	
With in the COB: CY2022 Expense Code: 5029901002 TOB 4 Bdget: 12,500 Remarks: COL-SEC	DENNIS B. ADRE Regional Vice President, PRO I
Conforme: Minna P. Manuan Date: 8-17-22 Signature over Printed Name and Position of Authorized Representative	Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
AUG 17 2022
RECEIVED BY: