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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: ARRIBA EMPANADA FOOD HOUSE
Address: Poblacion, Binmaley, Pangasinan
Tel.Fax No.: 9669263119
Supplier Registered with: 762-641-479-001 NV

PO No. 2022_110
Date: 11/9/2022
Terms of Payment: COD
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within / on November 19, 2022 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	16	pax	AM Snacks	125.00	2,000.00
2	16	pax	Lunch	350.00	5,600.00
3	16	pax	PM Snacks	125.00	2,000.00
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx	TOTAL	9,600.00
			Less: VAT (1%)		96.00
			PR No. 22-1104--0282 (5029918001)		
			For the Conduct of Team Building of LHIO Central Pangasinan, PRO San Carlos and PEO Calasiao employees	TOTAL - NET	9,504.00

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. 0013-2015 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.

Very truly yours,

By the authority of the MSD Chief:

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

SALLY S. GOMEZ

Certified Budget Available: Funds Available in the amount of: 9,600	APPROVED:
JOSE A. MONES, Fiscal Controller III — EDWARD Q. ESPIRITU, AO IV / OIC-OFMS Chief	DENNIS B. ADRE, Regional Vice President, PRO1
With in the COB: CY2022; Expense Code: 5029918001 / CTOB D; Amount: 9600; Remarks: 27th Anniversary Budget	By the authority of the RVP: CYNTHIA S. SANTOS, Division Chief - MSD; NOV 11 2022
Conforme: LEONILA C. FORNCUP; Signature over Printed Name and Position of Authorized Representative; Date: 11/15/2022	Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
NOV 16 2022
RECEIVED BY: