2/17/2023
3:41

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

PURCHASE ORDER

PDMM-P- 006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **PRECIOUS FEM'S CATERING SERVICES**
Address: **#126 San Vicente, Alaminos City, Pangasinan**
Tel.Fax No.: **09209113657**
Supplier Registered with: **464-039-642-001 V**

PO No. **2023 003**
Date: **2/17/2023**
Terms of Payment: **Charge**
Mode of Procurement: **Negotiated Procurement**
Small Value Procuremen

Please deliver to this office within February 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	100	pax	Meals		
			xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxx	100.00	10,000.00
			Less:		
			VAT (5%/1.12)	**TOTAL**	**10,000.00**
			EWT (1%/1.12)		446.43
			PR No. 23-0216-0054 (5029918001)		89.29
			PURPOSE: Provision of Refreshment/Snacks to walk-in clients of LHIO WP	**TOTAL - NET**	**9,464.28**

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
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 to 3:00PM** on working days on or before the date stipulated in the PO.

Very truly yours,

By the authority of the MSD C

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

SALLY S. GOMEZ

Certified Budget Available: Funds Available in the amount of: 10,000

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

With in the COB: CY 2023
Expense Code: Representation Expenses
Budget: 10,000
Remarks: HO Funds

Conforme:

MICHAEL [illegible] 2-21-23
Date:
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1
By the Authority of the RVP

FEB 20 2023

JOSEPHINE Q. QUITCO
Division Chief - POD
Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)

MAR 02 2023

RECEIVED BY: