

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

PURCHASE ORDER

POHM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: REGINE'S CATERING SERVICES & GENERAL MERCHANDISE

Address: Brgy. 55 Vira, Laoag City

Tel/Fax No.:

Supplier Registered with: 923-386-534-000 NV

PO No. 2023_004

Date: 2/17/2023

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement
Small Value Procurement

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	100.00	10,000.00
			XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX		
			Less:		
			VAT (1%)	TOTAL	10,000.00
			EWI (1%)		100.00
			PR No. 23-0216-0051 (5029918001)		100.00
			PURPOSE: Provision of Refreshment/Snacks to walk-in clients of LHIO Ilocos Norte		
			TOTAL - NET		9,800.00

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 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 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 to 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: <u>10,000</u> JOSE A. MONES Fiscal Controller III EDWARD Q. ESPINILLO AO IV / OIC-OFMS Chief		APPROVED: DENNIS B. ABRE Regional Vice President, PRO1 By the Authority of the RVP JOSEPHINE Q. QUITON Division Chief - ROD Date: <u>2/20/2023</u>
With in the CDB: <u>09-10-13</u> Expense Code: <u>60201-2001/50008</u> Budget: <u>10,000</u> Remarks: <u>NO SYSTEM</u> Conforms: <u>[Signature]</u> Signature over Printed Name and Position of Authorized Representative		

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



FEB 22 2023

RECEIVED BY: ay