

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

PO 114-P-006

PURCHASE ORDER

OFFICE DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **CITY DE LUXE RESTAURANT**

PO No. **2023_013**

Address: **Tapuac District, Dagupan City, Pangasinan**

Date: **3/22/2023**

Tel. Fax No.: **522-98-80**

Terms of Payment: **Charge**

Supplier Registered with: **006-388-243-000 V**

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within 1-2 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	39	pcs	Ensaymada xxxxxxxxxx Nothing follows xxxxxxxxxxxxxxxxx	34.00	1,326.00
			Less: VAT (5% / 12) PR No. 23-0315-0111 (029918009)	TOTAL	1,326.00 59.20
			PURPOSE: For Womens Month Celebration	TOTAL - NET	1,266.80

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 to be a part of the PhilHealth Code of Ethics. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or organization, whether from the public or private sector, at any time, 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 the 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 per 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 this PO.

Very truly yours,

CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 1326.00 JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief		COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group) MAR 28 2023 RECEIVED BY: 04	APPROVED: DENNIS B. ADRE Regional Vice President, PRO1 JOSEPHINE O. QUITON Division Chief - PRO1 Date: MAR 24 2023
With in the COB: 04/03/2023 Expense Code: 50001000 Budget: 1326.00 Remarks: GAD		Conformer: [Signature] Signature over Printed Name and Position of Authorized Representative: [Signature] Date: 3/27/23	