



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

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SAFHOU SIZZLING HUB
Address: Poblacion West, Asingan Pangsinan
Tel.Fax No.: 0995-1482726
Supplier Registered with: 401-192-603-000 NV

PO No. 2023_067

Date: 6/21/2023

Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office on June 26, 27 & 29, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	4	pax	1 Snack and Lunch for 3 days xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	405.00	4,860.00
			Less: VAT (1%)		
			PR No. 23-0307-0101 (5020201001)		48.60
			PURPOSE: For the conduct of Training on Basic Verbal/ Oral Communication Skills Enhancement.Training of LHIO Urdaneta		
			TOTAL - NET		4,811.40

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

Very truly yours,

CYNTHIA SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 4,860.00
JOSE A. MONES
Fiscal Controller III
EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief
With in the COB: 7022
Expense Code: 5020201001 / 1000
Budget: 4,860.00
Remarks: DEP2

Conforme:

JEFF JHON F. CARTAS June 23, 2023

Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE

Regional Vice President, PROS

By: ME JUN 23 2023
SEARICAN M. ARZADON, M.D.
MO VII / Chief, HCDMD
OIC - ORVP

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

Date



JUN 26 2023

RECEIVED BY: BA