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

## PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier:	LET'S EAT LAH FOOD HOUSE	PO No. 2023_071			
Address:	Ambonao, Calasiao, Pangasinan	Date:	6/22/2023		
Tel.Fax No.:	075-653-4661	Terms of Payment:	t: Charge t: Negotiated Procurement-		
Supplier Reg	stered with: 100-088-599-000 NV	Mode of Procurement:			
			Small Value Procurement		

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

NO.	QTY	QTY UNIT ITEM DESCRIPTION		UNIT PRICE	TOTAL AMOUNT	
1	31	pax	Snacks and Lunch	405.00	12,555.00	
	29	pax	Snacks and Lunch	405.00	11,745.00	
	30	pax	Snacks and Lunch	405.00	12,150.00	
		•	xxxxxx Nothing Follows xxxxx	TOTAL	36,450.00	
			Less: VAT (1%)		364.50	
			EWT (1%)		364.50	
			PR No. 23-0307-0101 (5020201001)			
-		-	PURPOSE: For the conduct of Basic Verbal/Oral Communication Skills Enhancement Training to PRO 1 Employees	TOTAL - NET	35,721.00	

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. 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.

Centified Budget Available :: Fund Available in the amount of: <u>36 410.00</u> JOSE A. MONES EDWARD Q. ESPIRITU 4/ Fiscal Controller II AO IV / OIC-OFMS Chiel With in the COB: <u>5020 folsoil JUT206</u> Bdget: <u>9 36,150.00</u> Remarks: <u>TIEL 2</u> Conforme: <u>MYRWA M.ONG</u> Date: Signature over Printed Name and Position of Authorized Representative Signature over Printed Name and Position of Authorized Representative Received BY: <u>MUR2 6 2023</u> RECEIVED BY: <u>MUR2 6 2023</u>	×				INTIMAS. SANTOS	follal
Fiscal Controller II     AO IV / OIC-OFMS Chief     With in the COB:   202-25     Expense Code:   SDD 20201 (UTDb f     Bdget:   P 36,1450.00     Remarks:   TIETL 2     Conforme:   // W/W     MYRWA   OKIG   Date:     Signature over Printed Name and Position of Authorized Representative   Date:   JUN 26 2023	Certified Budget Available: Funds Available in the amount of: 3	6450.00		APPROVED:		
Fiscal Controller II     AO IV / OIC-OFMS Chief     With in the COB:   202-25     Expense Code:   SDD 20201 (UTDb f     Bdget:   P 36,1450.00     Remarks:   TIETL 2     Conforme:   // W/W     MYRWA   OKIG   Date:     Signature over Printed Name and Position of Authorized Representative   Date:   JUN 26 2023	m					
With in the COB: Expense Code: SD202020101 UT206 C Bdget: Bdget: Remarks: Conforme: MYRNAM.ONG Date: Signature over Printed Name and Position of Authorized Representative Signature over Printed Name and Position of Authorized Representative DENNIS B. ADRE Regional Vice President, PRO1 By: Signature over Printed Name and Position of Authorized Representative Date JUN 26 2023	JOSE A. MONES EDWARD Q. ESPIRITU 4					
Expense Code:   SO20 10001 (UT20) f     Bdget:   # 36,4150.00     Remarks:   TIER 2     Conforme:   ////////////////////////////////////	Fiscal Controller AO IV / OIC-OFMS Chief					
Expense Code:   SO20 10001 UT20 F     Bdget:   # 36,4150.00     Remarks:   TIER 2     Conforme:   Image: Commission of Authorized Representative     Signature over Printed Name and Position of Authorized Representative   Date:     JUN 26 2023   Date						
Biget:   Image:   Image:   Image:   Regional Vice President, PR01     Bdget:   Image:   Image:						
Remarks: IEL2 By: JUN 20 LUL   Conforme: My RNA M. ONG Date: COMMISSION ON AUDITIL/Chief. HCDMD   MYRNA M. ONG Date: Signature over Printed Name and Position of Authorized Representative Date:   Signature over Printed Name and Position of Authorized Representative JUN 26 2023	Expense Code: 5020 201201 / TDB F					
Remarks: IEL2 By: JUN 20 LUL   Conforme: My RNA M. ONG Date: COMMISSION ON AUDITIL/Chief. HCDMD   MYRNA M. ONG Date: Signature over Printed Name and Position of Authorized Representative Date:   Signature over Printed Name and Position of Authorized Representative JUN 26 2023	Bdget: \$\$36,4150.00			Region		
Conforme: MARNA M. ONG Date: Signature over Printed Name and Position of Authorized Representative Signature over Printed Name and Position of Authorized Representative JUN 26 2023				Bur	my .	JUN Z J ZUZ
Controrme: MARNA XA. ONG Date: Signature over Printed Name and Position of Authorized Representative Date: JUN 26 2023		$\vdash 1$		D.C. S. PANA D	RZADON	MD
Signature over Printed Name and Position of Authorized Representative	Conforme:	4/2021		ALANDITI / C	This HCDMD	, 192 200
Signature over Printed Name and Position of Authorized Representative	NANIDALA XA. OKIG	"	COMMISSION U	PHIC (DI (DIP)	nip	
Signature over Printed Name and Position of Authorized Representative		Date:	AUDIT TEAM RI-04			
	Signature over Printed Name and Position of Authorized Represen	ntative		3	Date	
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