

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: Vista De Las Islas Hotel and Restaurant

PO No. 2023_073

Address: Brgy. Lucap, Alaminos City, Pangasinan

Date: 6/23/2023

Tel. Fax No.: 9506923768

Terms of Payment: Charge

Supplier Registered with: 940-197-616-000 V

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office on June 30, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	15	pax	Meals	245.00	3,675.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)		164.06
			PR No. 23-0616-0200 (5029918009)		
			PURPOSE: For PhilHealthy Go Green activity of WP LHIO		
			TOTAL		3,510.94

Terms & Conditions:

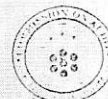
1. In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax 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 their 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 - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 3,675.00	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITO AO IV / OIC-OFMS Chief
With in the COB: 2023 Expense Code: 5029918009/STOBP Bdget: P 3,675.00 Remarks: ASS/6M	MARICAR M. ARZADON, M.D. MD VII / Chief, HCDMD DIO-ORAP DENNIS B. ADRE Regional Vice President, PRO1
Conformer:	Date:
Signature over Printed Name and Position of Authorized Representative	

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



JUN 27 2023

RECEIVED BY: