



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

PURCHASE ORDER

FORM-005

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CUISINERO GARDEN RESTAURANT
Address: Nancayasan, Urdaneta City, Pangasinan
Tel./Fax No.: 0908-8147937
Supplier Registered with: 900-509-452-000 NV

PO No. 2023_076
Date: 6/23/2023
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement - Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	16	pax	Meals	245.00	3,920.00
			xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less:		
			VAT (1%)		39.20
			PR No. 23-0616-0202 (5029918009)		
			PURPOSE: For PhilHealthy Go Green Activity at LHIO Eastern Pangasinan		
			TOTAL - NET		3,880.80

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 shall 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 individual 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,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 3,920.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / CIC-OFMS Chief

With in the COB: 2023
Expense Code: 5024918009/17008
Bdget: 3,920.00
Remarks: ASS/601

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date:

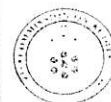
6/29/23

APPROVED:

By: my

AMERICAN M. ARZADON, M.D.
AO III / Chief, RCDMD
Dennis B. Adre
Regional Vice President, PRO

COMMISSIONER'S AUDIT
AUDIT TEAM R1-04 (PHIC Group)



JUN 30 2023

RECEIVED BY: ea (PHU email)