Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

FORM P 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: THE PALACIO DE LAOAG, INC.
Address: Vintar Rd., Laoag City, Ilocos Norte
Tel Fax No.: (077)772-2950/ 09175032055
Supplier Registered with: 007-582-434-000 V

PO No. 2023_085
Date: 7/4/2023
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Lease of Privately Owned Venue

Please deliver to this office within/on july 5, 2023 from receipt hereof the following

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	66	pax	1 Snack and 1 Meal	400.00	26,400.00
			xxxxx Nothing Follows xxxxx	TOTAL	26,400.00
			Less: VAT (5%/1.12)		1,178.57
			EWT (1%/1.12)		235.71
			PR No. 23-0609-0194 (5029901007)		
			PURPOSE: For Conduct of Alaga Ka-Group Enrollment Program of LHIO Ilocos Norte	TOTAL - NET	24,985.72

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. 0028-2015 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 juridical 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 to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

By the authority of the MSD Chief

CYNTHIA S. SANTOS SALLY S. GOMEZ 7/4/2023
Division Chief / MSD Chief

Certified Budget Available — Funds Available in the amount of 26,400

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC OFMS Chief

2023
5029901007 / [illegible]
₱ 26,400.00
[illegible]

Conforme:

RIZAL A. VIEJO Date 7/5/23
Signature over Printed Name and Position of Authorized Representative

APPROVED

DENNIS B. ADRE
Regional Vice President, PRO1

By: JUL 04 2023
JANETTE D. MANAOIS, MD
MEDICAL SPECIALIST IV
OIC-ORVP

Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
JUL 06 2023
RECEIVED BY: [illegible]