

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **LENOX HOTEL**
Address: **Rizal Street, Dagupan City, Pangasinan**
Tel/Fax No.: **(075) 515-8889; 515-7094 to 95**
Supplier Registered with: **113-888-385-001 V**

PO No. **2023_114**

Date: **9/6/2023**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement-**

Lease of Privately Owned Venue

Please deliver to this office within/on **September 13-14, 2023** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
34	pax		AM Snack, Lunch and PM Snack (Day 1)	1,170.00	39,780.00
44	pax		AM Snack, Lunch and PM Snack (Day 2)	1,129.55	49,700.00
24	pax		Accommodation for 3 nights (Live-in/Full board)	2,160.00	155,520.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:		
			VAT (5%/1.12)		10,937.50
			EWI (1%/1.12)		2,187.50
			PR No. 23-0825-0243 (5029901002)		
			PURPOSE: Conduct of PhilHealth Konsulta Stakeholders Forum for CY2023		
			TOTAL - NET		231,875.00

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 should be submitted by the supplier.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled **Restoration 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.
- 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.

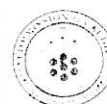
Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

BY THE AUTHORITY OF THE
MSD CHIEF
CHESTER JOSEPH C. CASH
SCU HEAD

Certified Budget Available:	Funds Available in the amount of: 245,000.00	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	
Year in the COB: 2023		DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: 5029901002/STB 1		By: CYNTHIA S. SANTOS, DRA Division Chief IV / MSD Chief
Budget: P 245,000.00		OIC-RVP, PRO1
Remarks: HO SUPPORT		Date
Conforme:		
CLAYTON S. KARANBA MARKETING OFFICER Date: 9/8/23		
Signature Over Printed Name and Position of Authorized Representative		

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



SEP 11 2023

RECEIVED BY: **BAW**