Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Akia Bldg. Old De Venecia Highway, Lucao, Dagupan City

POMM-F-006

PURCHASE ORDER

OFFICE: DEPARTMENT, ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LA JENNS HOTEL AND RESTO GRI L

Address: Boquig, Bantay, Ilocos Sur

Tel.Fax No.: (077) 632-0795

Supplier Registered with: 930-801-532-002 V

PO No. 2023-125

Date: 09/25/2023

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-Lease of Privately Owned Venue

Please deliver to this office within/on Septe nber 28, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	89	pax	AM Snacks	100.00	8,900.00
	89	PAX	Lunch	300.00	26,700.00
			Inclusive of Venue		
			xxxxxxxxxxxxx xxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	35,600.00
			Less: VAT (5%/1.12)		1,589.29
			EWT (1%/1.12		317.86
			PR No. 23-0908-0253	029901002)	
			PURPOSE: For the Alag Ka PRO 1 Group Enrollment Program (GEP) of LHIO Ilocos Sur	TOTAL	33,692.85

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 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 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 - 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: 35,600.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With a the COB: 2023
Expense Code: 5020501002 / 5364
Budget: 835,000
Remarks: PAI

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

By: MARICAR G. ARZADON, M.D.
MO VII / CHIEF, SCSMD
OIC - ORVP

SEP 25 2023
Date

Conforme:

JENNIFER M. PAIS / General Manager 09/26/23

Signature over Printed Name and Position of Authorized Representative

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

OCT 09 2023

RECEIVED BY: