

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

• 300 篇竹 1936

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. 2023-127

Date: 09/25/2023

Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement
Lease of Privately Owned

Please deliver to this office within/on September 29, 2023, from receipt hereof the following

NO.		QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
		28	pax	AM Snacks	100.00	2,800.00
		28	pax	Lunch	300.00	8,400.00
				Inclusive of Venue xxxxxxxxxxxxx xxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx		
					TOTAL	11,200.00
				Less: VAT (5%/1.12)		500.00
				EWT (1%/1.12)		100.00
				PR No. 23-0908-0251 (029901002)		
				PURPOSE: For the Allocation of Ka Activity - Accredited Collecting Agents in the Province of Ilocos Sur	TOTAL	10,600.00

[Terms & Conditions](#)

- 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 to 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, as well as from any individual, organization, or entity, 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 functioning 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.

PhilHealth may be made within 8:00AM - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.

CYNTHIA S. SANTOS

Certified Budget Available:		Funds Available in the amount of: <u>11,700.00</u>	APPROVED:
<u>JOSE A. MONES</u> Fiscal Controller III		<u>EDWARD Q. ESPERITO</u> FC IV / FMS Chief	DIVISION CHIEF OF FINANCIAL LINE
With in the COB: <u>2000</u>			
Expense Code: <u>SGA00002 / STGB4</u>			
Budget: <u>B 11,200.00</u>			
Remarks: <u>PAA</u>			
Conformed:		<u>Jessie Mae M. Pao</u> / General Manager <u>09/06/23</u> Signature over Printed Name and Position of Author ed Representative	
		Dennis S. Adre Regional Vice President, PRO1 <i>By: M</i> MARICAR M. ARZADON, M.D. MO VIT. CHIEF, MCADM 01C - OMRP	
		Date: <u>09/06/23</u>	

