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

POMM-P-306

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: BIENBENIQ OPC
Address: Santiago Norte, San Fernando City, La Union
Tel.Fax No.: 0928-4558032/ 0966-1880579/ 0966-1880576
Supplier Registered with: 627-299-893-00000 V

PO No. 2023-137
Date: 10/11/2023
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Lease of Privately Owned Venue

Please deliver to this office within/on October 18, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
				699.00	34,950.00
	50	pax	Meals (AM Snack, Lunch and PM Snack)		
			inclusive of Venue	**TOTAL**	**34,950.00**
			xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxx		1,560.27
			Less: VAT (5%/1.12)		312.05
			EWT (1%/1.12)		
			PR No. 23-0925-0280 (5029901002)		
			PURPOSE: for the conduct of Accreditation Forum for Health Facilities of LHIO La Union	TOTAL	33,077.68

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 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 function 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 - 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

BY THE AUTHORITY OF The Budget Officer
AYKIM P. AQUINO
FC II

Certified Budget Available:

Funds Available in the amount of: 34,950.00

JOSE A. MONES
Fiscal Controller III

EDWARD O. ESPIRITU
FC IV / FMS Chief

by the Authority of the FMS Chief 10/17/23
JOSE A. MONES
Fiscal Controller III

With in the COB: 2023
Expense Code: 5029901002 / 2MB-4
Budget: ₱ 86,450.20
Remarks: PHG

Conforme:

Mayelle Cindy Reyes 10-17-23
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1
By:
JOSEPHINE O. QUITON
Division Chief- MSD
OIC-ORVP

Date

OCT 13 2023

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
OCT 19 2023
RECEIVED BY: