

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Aksa Bldg. Old De Venedo Highway, Lucena, Dagupan City

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LET'S EAT LAH FOOD HOUSE
Address: Ambonao, Calasiao, Pangasinan
Tel. Fax No.: 075-653-4661
Supplier Registered with: 100-088-599-000 NV

PO No. 2023_157

Date: 10/26/2023

Terms of Payment: Charge

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

Please deliver to this office within/on November 15, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	40	pax	Meals (1 snack and 1 lunch)	370.00	14,800.00
			xxxxxx Nothing Follows xxxxx	TOTAL	14,800.00
			Less: NVAT (3%)		444.00
			EWT (1%)		148.00
			PR No. 23-0922-0275 (5029901002)		
			PURPOSE: For the conduct of Accredited Collecting Agents (ACA's) Forum of LHIO Central Pangasinan	TOTAL - NET	14,208.00

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 "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 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.

BY THE AUTHORITY OF THE Budget Officer

Very truly yours,

ROSELAL PERERRA 10/27/23

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 14,800.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the CDB: CM 2023
Expense Code: 5029 901008
Budget: 14,800.00
Remarks:

Conforme:

MYRNA M. ONG Date: 11/3/23
Signature over Printed Name and Position of Authorized Representative

APPROVED:

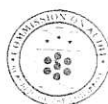
DENNIS B. ADRE

Regional Vice President, PRO1

By: JANETTE D. MANACIS, MD
MEDICAL SPECIALIST IV
DIC - ORVP
Date

OCT 27 2023

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



NOV 08 2023

RECEIVED BY: [Signature]