11/17/2023

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

FORM M.P. 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION ; GENERAL SERVICE UNIT

Supplier: BANI HIDDEN-PARADISE BEACH RESORT
Address: Sitio Tubong, Dacap Sur, Bani, Pangasinan
Tel.Fax No.: 0969-3044735/0936-6904275
Supplier Registered with: 135-841-870-000 V

PO No. 2023_162
Date: 11/10/2023
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Lease of Privately Owned Venue

Please deliver to this office within/on Dec.6-7, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	40	pax	Meals and Accommodation	2,500.00	100,000.00
			Day 1: PM Snacks, Dinner and Accommodation		
			Day 2: Breakfast, Lunch	TOTAL	100,000.00
			xxxxxx Nothing Follows xxxxx		
			Less: VAT (5%/1.12)		4,464.29
			EWT (1%/1.12)		892.86
			PR No. 23-1017-0300 (502999005)		
			PURPOSE: For ORVP Year-End/ Annual Forum	TOTAL - NET	94,642.85

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 to 3:00PM on working days on or before the date stipulated in the PO.

By the authority of the MSD Chief

Very truly yours,

CYNTHIA S. SANTOS SALLY S. GOMEZ
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 100,000-

JOSE A. MONES
Fiscal Controller III

EDWARD O. ESPIRITU
FC IV / FMS Chief

With in the COB: CY 2023
Expense Code: 50202990003/5020... W
Budget: 100,000-
Remarks: [illegible]

Conforme:

RAFAEL NUNAG MANAGER Date: 11/25/23
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

NOV 2 0 2023

By: JOSEPHINE O. QUITO
Division Chief - FMD
OIC - [illegible]
Date