

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Alma Nido, Old Oranosa Highway, Iligan, Dagupan City

PO/M/R-008

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: **PANGASINAN REGENCY CORPORATION**
Address: **Natsion, Calasiao, Pangasinan**
Tel/Fax No.: **0923-7379534**
Supplier Registered with: **005-336-922-000 V**

PO No: **2023-174**

Date: **11/23/2023**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement**

Lease of Privately Owned Vehicle

Please deliver to this office within/on **Nov.28-29, 2023** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
118	pax		AM Snack, Lunch and PM Snack	750.00	88,500.00
96	pax		AM Snack, Lunch and PM Snack	750.00	72,000.00
			xxxxxx Nothing Follows xxxxxx		
			Less: VAT (5%/1.12)		7,165.18
			EWI (1%/1.12)		1,433.04
			PR No. 23-1110-0320 (5025901002)		
			PURPOSE: Re-tooling of Accredited Health Facility Clerks in Claims Processing		
			TOTAL - NET		151,901.78

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 (3%) 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

AYKIM P. AQUINO

FC II

THE BUDGET OFFICIAL

11/24/2023

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: **160,900**

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the COB: **2023**

Expense Code: **5029401002/0005**

Budget: **8160,500.00**

Remarks: **PEACH OUT**

Conforms:

JOSE M. BARRERA Date: **11/28/2023**
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

By: **MY** **NOV 24 2023**
MARICAR M. ARZADON, M.D.
MO VII / Chief, HCDND
OIC - **PRO1**

Date

RECEIVED BY: **BOA**