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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: PRECIOUS FEM'S CATERING SERVICES
Address: San Vicente, Alaminos City, Pangasinan
Tel.Fax No.:
Supplier Registered with: 464-039-642-001 V

PO No. 2023_177
Date: 11/29/2023
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within/on December 4, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	25	pax	AM Snacks	150.00	3,750.00
	25	pax	Lunch	250.00	6,250.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			Less:	TOTAL	10,000.00
			VAT (5%/1.12)		446.43
			EWT (1%/1.12)		89.29
			PR No. 23-1124-0339 (5029901002)		
			PURPOSE: For the Aiaga Ka-ACAs Forum Activity of LHIO Western Pangasinan	TOTAL - NET	9,464.28

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 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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV, FMSD Chie

Certified Budget Available: Funds Available in the amount of: 10,000	APPROVED:
JOSE A. MONES, Fiscal Controller III — EDWARD Q. ESPIRITU, FC IV / FMS Chief	DENNIS B. ADRE, Regional Vice President, PRO
2049; Expense Code: 5029901002 (PR0BB); Budget: P 10,000.00; Remarks: PRU	By: JOSEPHINE O. QUITION, Division Chief - PRD, OIC-ORVP; NOV 29 202
Conforme: Michael Bonnalino, 12-1-23 Date; Signature over Printed Name and Position of Authorized Representative	Date

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