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

PURCHASE ORDER

POMM-P-004

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: MEL-SOL'S INN & RESORT
Address: Bantay, Ilocos Sur
Tel.Fax No.: 0917-5712888
Supplier Registered with: 920-952-476-000 V

PO No. 2023_181
Date: 11/30/2023
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Lease of Privately-Owned Venue

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	71	pax	AM Snacks		
	71	pax	Lunch	175.00	12,425.00
	71	pax	PM Snacks	500.00	35,500.00
			Venue (Inclusive)	175.00	12,425.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			Less:		
			VAT (5%/1.12)	TOTAL	60,350.00
			EWT (1%/1.12)		2,694.20
			PR No. 23-1114-0325 (5029901002)		538.84
			PURPOSE: Re-tooling of Accredited Health Facility Clerks in Claims Processing (Ilocos Sur)	TOTAL - NET	57,116.96

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 BUDGET OFFICER
MARIEL C. BRAVO
FISCAL CONTROLLER II

By the authority of the MSD Chief

Very truly yours,

SALLY S. GOMEZ
Acting ASSC hg

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of 60,350

JOSE A. MORES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

BY THE AUTHORITY OF
AYKIM P. AQUINO
FC II
12/1/2023

WAN in the COB: 4029
Expense Code:
Budget: 60,350.00
Remarks:

APPROVED:

DENNIS B. ADRE
Regional Vice President PRO1

DEC 01 2023

By: MARICAR B. ARZADON, M.D.
MO VII / OIC-HCDMD
OIC-ORVP

Date

Conforme:

MARK ANTONIO A. SAMKO 12/4/23

Signature over Printed Name and Position of Authorized Representative

Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
DEC 05 2023
RECEIVED BY: