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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: SAN JUAN RESORT DEVELOPMENT AND MANAGEMENT CORPORATION
PO No. 2023_182
Address: San Juan, La Union
Date: 11/30/2023
Tel.Fax No.: 682-8396
Terms of Payment: Charge
Supplier Registered with: 488-708-056 V
Mode of Procurement: Negotiated Procurement-Lease of Privately Owned Venue

Please deliver to this office within/on December 11-12, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	116	pax	Meals (1 lunch, PM Snack and Dinner)	950.00	110,200.00
			Use of Function Hall		
			xxxxxx Nothing Follows xxxxx	TOTAL	110,200.00
			Less: VAT (5%/1.12)		4,919.64
			EWT (1%/1.12)		983.93
			PR No. 23-1117-0328 (5029999005)		
			PURPOSE: For HCDMD Forum	TOTAL - NET	104,296.43

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.

BY THE AUTHORITY OF: THE BUDGET OFFICER
MARIKIT C. BRAVO
FISCAL CONTROLLER II

By the authority of the MSD Chief

Very truly yours,

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

Certified Budget Available: Funds Available in the amount of: 110,200

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

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

Within the COB: 2023
Expense Code: 5029999005/HCDMD
Budget: ₱ 110,200.00
Remarks: HCDMD

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO I

DEC 01 2023

By: MARICAR M. ARZADON, M.D.
MO VII / Chief, HCDMD
OIC-OAVP

Date

Conforme:

CORNELIA G. GONZALEZ
Signature over Printed Name and Position of Authorized Representative

Date: DEC. 5, 2023

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