

Conforme:

GUILLERMO

Signature over Pinted Name and Position of Authorized Representative

Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office IV-A

Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City

Received Copy of PO:

05-26-23

**६** (042) 373-7554 ⊕ www.philhealth.gov.ph

PhilHealthRegion4A teamphilhealth

## **PURCHASE ORDER**

OFFICE/DEPARTMENT: ORVP-PAU

Supplier: Address: Tel.Fax No.: Supplier Register		JOHN GIL CATERING & PARTY NEEDS 363 BRGY. SANTIAGO GEN. TRIAS CITY, CAVITE  0927-242-7416 red with: Department of Trade and Industry		PO No. Date: Terms of Payment: Mode of Procurement:	2023-04-037 19-May-23 On Account Small Value Procuremen
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1000	pax	rice, 2 viands (vegetable and chicken), ripe banana, minimum of 275 ml bottled water  *Individually packed meals & inclusive of delivery	200.00	200,000.00
					200,000.00
			Less Taxes: 5% VAT	8,928.57	
			1% EWT	1,785.71	10,714.28
			TC	OTAL AMOUNT	189,285.72
			Purchase Request No: 2023-01-071		
			Date: May 09, 2023		
3· 4· 5·	to inform Procurement Section atleast two (2) days before the delivery. All item(s) shall be delivered and accepted by the Property and Supply Unit at PhilHealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City.				
Very truly you					IE A. CUVINAR ion Chief IV, MSD
Certifi	ed Budget Ava	ilable:	Funes Available in the amount of: 200,000.00	APPROVED:	
Fisca With i	Controller	2023-COB			REYNES, MD, MPA
Expen Budge Reman		5029901002 207,900.00		1	RVP, PRO IVA

A. MAS CARDO