Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: SEQUOIA CULINARY VENTURES INC.
Address: Barangay 1, San Nicolas, Ilocos Norte
Tel.Fax No.:
Supplier Registered with: 006-199-230-000 V

PO No. 2024_330
Date: 12/19/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office on December 23, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	21	pax	AM, PM Snacks & Lunch	750.00	15,750.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	TOTAL	15,750.00
			VAT (5%/1.12)		703.13
			EWT (1%/1.12)		140.63
			PR No. 24-1210-0504 (5029918003)		
			PURPOSE: For PRO 1 Year End Activity	TOTAL - NET	14,906.24

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 R. SANTOS
Division Chief IV / MSD Chief

BY THE AUTHORITY OF: 12/19/24
MARIMEL C. BRAVO
FISCAL CONTROLLER

Cash/Funds Available

Funds Available in the amount of: 15,750.00 12.20.24

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

Within the COB: 2024
Expense code: 50299180 03
Budget: 15,750
Remarks: HO'S Support 75tob 7

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO I

DEC 2 0 2024

Date

Conforme:

CATHERINE M. DUREE Date: 12-23-24
Signature over Printed Name and Position of Authorized Representative

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
JAN 0 2 2025
RECEIVED BY: as