

Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
Aksa Bldg. Old De Venencia Highway, Lucena, Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: HOTEL INDIA SINTES

Address: Vigan City, Ilocos Sur

Tel./Fax No.: 0917-5682768

Supplier Registered with: 102-277-382-000 V

PO No. 2024 023

Date: 03/08/2024

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement

Lease of Privately Owned

Venue

Please deliver to this office within/on March 14, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	74	pax	AM Snacks	170.00	12,580.00
	74	pax	Lunch	450.00	33,300.00
	74	pax	PM Snacks	170.00	12,580.00
			Inclusive of Venue		
			Less:	TOTAL	58,460.00
			VAT (5%/1.12)		2,609.82
			EWT (1%/1.12)		521.96
			PR No. 24-0122-0010 (5029901002)		
			PURPOSE: Orientation on Latest PhilHealth Circulars with the Health Care Providers in Region I (Ilocos Sur)	TOTAL - NET	55,328.22

Terms & Conditions:

- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 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 their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
- 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.
- 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.
- 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 SANTOS

Division Chief IV / MSD Chief

JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	
With in the COB Expense Code Budget Remarks	<u>03/2024</u> <u>2024010001/909 IN</u> <u>58,460.00</u> <u>NO SUPPORT</u>	
Conforme:	<u>JOSEPH FORNOSO</u>	Date: <u>3/13/2024</u>
Signature over Printed Name and Position of Authorized Representative		
		DENNIS B. ADRE Regional Vice President, PRO1
		MAR 11 2024
		Date

COMMISSION ON AUDIT  
AUDIT TEAM R1-04 (PHIC Group)



MAR 18 2024

RECEIVED BY: EBN