Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible] Bldg. Old De Venecia Highway, [illegible] Dagupan City

FORM [illegible]

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: LENOX HOTEL
Address: Rizal Street, Dagupan City, Pangasinan
Tel.Fax No.: (075) 515-8889; 515-7094 to 95
Supplier Registered with: 113-888-385-001 V

PO No. 2024_024
Date: 03/11/2024
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
	49	pax	Meals with venue and amenities	750.00	36,750.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			Less:	TOTAL	36,750.00
			VAT (5%/1.12)		1,640.63
			EWT (1%/1.12)		328.13
			PR No. 24-0216-0079 (5029999005)		
			PURPOSE: Conduct of FMS Forum on Processing of Finacial Transactions	TOTAL - NET	34,781.24

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 shall 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 their 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 not conforming to 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 S. SANTOS
Division Chief V, [illegible]

Certified Budget Available
Funds Available in the amount of: 36,750.00

JOSE A. MONES
Fiscal Controller III

EDWARD O. ESPIRITU
FC IV / FMS Chief

Allotment Code: CY 2024
Expense Code: 5029999005/9909 20
Budget: 36,750.00
Remarks: FMS

APPROVED

DENNIS B. ADRE
Regional Vice President [illegible]

MAR 11 2024
Date

Conforme

Christine Joy O. Araman Date 3/12/24
Signature over Printed Name and Position of Authorized Representative

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
MAR 13 2024
RECEIVED BY: