

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

PURCHASE ORDER

OFFICE/DEPARTMENT ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **THE MONARCH HOSPITALITY AND TOURISM CORPORATION**
Address: **San Miguel, Calasiao, Pangasinan**
Tel/Fax No.: **(075) 637 7770**
Supplier Registered with: **469-083-682-000 V**

PO No. **2024-028**

Date: **03/14/2024**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement-
Lease of Privately-Owned
Venue**

Please deliver to this office within/on **March 19, 2024** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	pax	AM snack, Lunch and PM snack	1,300.00	26,000.00
			XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:	TOTAL	26,000.00
			VAT (5%/1.12)		1,160.71
			EWT (1%/1.12)		232.14
			PR No. 24-0228-0107 (5029901002)		
			PURPOSE: Orientation on Shadow Billing with Selected Health Care Providers	TOTAL - NET	24,607.15

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 3) 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.
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 S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds available in the amount of: 24,607.15		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPRITU FC IV / FMS Chief	
With in the CDB: 2024		
Expense Code: 50440101/MSD		
Budget: P 26,000.00		
Remarks: No Budget		
Conforme: CHARITY DE GUZMAN	Date:	
Signature over Printed Name and Position of Authorized Representative		
		DENNIS B. ADRE Regional Vice President, PRO1
		MARICAR M. ARZADON, M.B. MO VII / Chd. HCDMD
		011-0000
		Date:

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



MAR 20 2024

RECEIVED BY: **[Signature]**