



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Akia Bldg. Old De Venecia Highway, Lucao, Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: DAGUPAN VILLAGE HOTEL
Address: Lucao District, Dagupan City
Tel.Fax No.: 0960-5295396
Supplier Registered with: 932-092-789-00000 V

PO No. 2024_032

Date: 03/15/2024

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement
Lease of Privately-Owned

Venue

Please deliver to this office within/on March 26, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	45	pax	Meals with venue and amenities	650.00	29,250.00
	16	pax	Hotel Accommodation	750.00	12,000.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less:	TOTAL	41,250.00
			VAT (5%/1.12)		1,841.52
			EWT (1%/1.12)		368.30
			PR No. 24-0229-0120 (5029999005)		
			PURPOSE: Conduct of P-CARES Forum and Echo Session	TOTAL - NET	39,040.18

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 thier 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 S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 41,250.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the COB: 2024

Expense Code: 5029999999999

Bdget: P 41,250.00

Remarks: HO SUPPORT

Conforme:

For by: Michelle Mendoza

Date: 3-25-24

Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

By: Maricar M. Arzadon
MARICAR M. ARZADON, MD
MO VII / Chief, HCCMD
MC - OVER

Date

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



MAR 25 2024

RECEIVED BY: