

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

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: FOODMAGIC INC.
Address: Poblacion II, Mangaldan, Pangasinan
Tel./Fax No.: 09628088424
Supplier Registered with: 006-389-260-000 V

PO No. 2024_050
Date: 4/2/2024

Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement
Small Value Procurement

Please deliver to this office on April 15, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	150	pax	Meals	119.00	17,850.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less:	TOTAL	17,850.00
			VAT (5%/1.12)		796.88
			EWT (1%/1.12)		159.38
			PR No. 24-0326-0158 (5029901002)		
			PURPOSE: Conduct of Orientation on KonSulta Assisted Batch Registration for Indigent Members	TOTAL - NET	16,893.74

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.

BY THE AUTHORITY OF THE BUDGET OFFICER:

AYKIM P. AQUINO
FC II

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: <u>None</u> Available in the amount of: <u>17,850.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief
With in the COB: <u>2024</u>	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: <u>5029901002 / STOB P2</u>	
Budget: <u>P 17,850.00</u>	
Remarks: <u>HO SUPPORT</u>	
Conformer: <u>CHERRY A. VERNON</u> Date: <u>4/12/24</u>	APR 11 2024
Signature over Printed Name and Position of Authorized Representative	Date

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



APR 13 2024

RECEIVED BY: an