

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Akia Bldg. Old De Venecia Highway, Lucao, Dagupan City

7 '46.5 ! POMM-P- 006

18,750.00

17,745,54

837.05

167.4%

TOTAL

TOTAL - NET

Very truly yours,

(H,7504)

750.0 3374 167.4

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supr	olier:	ISLATEL REALTY AND DEVELOPMENT CORPORATION PO N		2024_057	sand be		
Add			p, Alaminos City, Pangasinan	Date:	4/11/2024		
	ax No.:		the same of the sa	Terms of Payment:		4 600 +6	
Supplier Registered with: 010-548-390-000 V				Mode of Procurement:		: Negotiated Procurement- Small Value Procurement	
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL	AMOUNT es	
1	150	xed	Snacks	125.00		18,750.00	

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.

PURPOSE: Conduct of Konsulta Activity for Assisted Batch Registration for

- 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 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.
- 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.

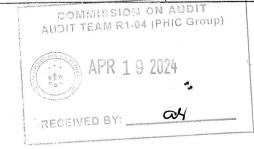
xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx

Indigent Members of Region 1 in LHIO Western Pangasinan

VAT (5%/1.12)

EWT (1%/1.12) PR No. 24-0403-0170 (5029901002)

IV / MSD CF Funds Available in the amount of: 18 7000 APPROVED tified Budget Available: OSE A. MONES EDWARD Q. ESPIRITU Fiscal Controller III FC IV / FMS Chief OY 2020 With in the COB: 1020111010024 DENNI Expense Code Regional Vice President, PRO1 18,740,00 Bdget: HO EVOPONZA Remarks: e tree ding APR 1 2 2024 d Ch doza Conforme: id and time ABANGTA Date: - 04-15-2024 Signature over Printed Name and Position of Authorized Representative Date



AS NO A

om April

HORATION