Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Arcb Bldg. Diversion Highway, Tuao, Cagayan City

PQMM-F-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION / GENERAL SERVICE UNIT

Supplier: PROLIFIC CORPORATION | PO No. 2024_061
Address: Sabangan 2707 Santiago Ilocos Sur | Date: 4/12/2024
Tel.Fax No.: 09176542078 | Terms of Payment: Charge
Supplier Registered with: 740-514-443-000 V | Mode of Procurement: Negotiated Procurement-Lease of Privately-Owned Venue

Please deliver to this office on July 19-20, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	135	pax	PM Snacks & Dinner, Day 1	650.00	87,750.00
2	135	pax	AM, PM Snacks & Lunch, Day 2	746.00	100,710.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			Less:	TOTAL	188,460.00
			VAT (5%/1.12)		8,413.39
			EWT (1%/1.12)		1,682.68
			PR No. 24-0313-0128 (5029999005)		
			PURPOSE: Conduct of Field Operation Division (FOD) Mid Year Consultative Forum & Assessment at Santiago Cove Hotel and Restaurant	TOTAL - NET	178,363.93

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 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 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.

By the authority of the MSD Chief:

Very truly yours,

CHESTER JOSEPH C. CANTO
AO IV/GSU Head 04/12/24

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available — Funds Available in the amount of: 188 460.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
PC IV / FMS Chief

Fund Source/CDB: CY 2024
Expense Code: 5029999005/ 9107 7
Target: 188,460.00
Remarks: ORAD

APPROVED

DENNIS B. ADRE
Regional Vice President, PRO I

Conforme:

VIRNA ISABEL S. ECRAELA
Signature over Printed Name and Position of Authorized Representative

Date: May 20, 2024

APR 15 2024
Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
MAY 22 2024
RECEIVED BY: