

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Alma Ilog, Old De Venencia Highway, Lucena, Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT ADMINISTRATIVE SECTION GENERAL SERVICE UNIT

Supplier: MICHAEL'S CATERING SERVICES
Address: NIA Road Brgy., No. 17, San Francisco, City of Laoag, Ilocos Norte
Tel/Fax No.: _____
Supplier Registered with: 271-626-704-000 V

PO No. 2024_070
Date: 4/29/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office on May 3, 10, 17, 24, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	78	pax	Meals (19-20 pax per day) xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	125.00	9,750.00
			Less:		
			VAT (5%/1.12)		435.27
			EWT (1%/1.12)		87.05
			PR No. 24-0425-0200 (5029901002)		
			PURPOSE: Conduct of Konsulta Assisted Batch Registration for indigent members in Ilocos Norte		
			TOTAL - NET		9,227.68

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 "Reliteration 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.
- 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

Confirmed Budget Available	Fund Available in the amount of <u>9,227.68</u>	APPROVED
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	
Within the CUB: <u>2024</u>		DENNIS B. ADRE Regional Vice President (PR)
License Code: <u>5029901002 / 502912</u>		
Regist: <u>P 9,750.00</u>		
Remarks: <u>HO SUPPORT</u>		
Conforme		APR 29 2024
<u>MICHAEL V. GUIRA</u> Signature over Printed Name and Position of Authorized Representative	Date <u>3/2/2024</u>	Date

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



MAY 06 2024

RECEIVED BY: ay