

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: PANGASINAN REGENCY CORPORATION  
Address: Nalsian, Calasiao, Pangasinan  
Tel. Fax No.: 0923-7379534  
Supplier Registered with: 005-336-922-000 V

PO No. 2024\_082  
Date: 5/7/2024

Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement-  
Lease of Privately-Owned  
Venue

Please deliver to this office within/on May 17, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	107	pax	AM Snacks & Lunch	400.00	42,800.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXX		
			Less:		
			VAT (5%/1.12)		1,910.71
			EWT (1%/1.12)		382.14
			PR No. 24-0419-0185 (5029901002)		
			PURPOSE: Conduct of Konsulta Batch Registration and Employers/PEERS Forum for Private Agencies and ACAs		
			TOTAL - NET		40,507.15

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.

Very truly yours,

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 42,800.00

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPIRITU  
FC IV / FMS Chief

With in the COB: 2024  
Expense Code: 502A06002 / 01MB12  
Budget: 42,800.00  
Remarks: HD SUPPORT

Conformer:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE  
Regional Vice President, PRG

MAY 09 2024  
MARLENE D. SOLIBA, MD  
MS IV - ABAS HEAD  
DIC - DEVP  
Date

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



MAY 20 2024

RECEIVED BY: av