

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

PURCHASE ORDER

OFFICE/DEPARTMENT ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: WEST LOCH PARK HOTEL
Address: National Highway, Sto. Domingo, Ilocos Sur
Tel/Fax No.: 0917-8765492
Supplier Registered with: 268-427-665-000 V

PO No. 2024_083
Date: 5/8/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement
Lease of Privately-Owned
Venue

Please deliver to this office within/on May 21, 2024 from receipt hereof the following:

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	80	pax	AM Snacks & Lunch	445.00	35,600.00
			XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:	TOTAL	35,600.00
			VAT (5%/1.12)		1,589.29
			EWT (1%/1.12)		317.86
			PR No. 24-0423-0193 (5029901002)		
			PURPOSE: Conduct of Konsulta Assisted Batch Registration for Group Enrollment Program (GEP) members in the Province Of Ilocos Sur	TOTAL - NET	33,692.85

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 2:00AM to 3:00PM on working days on or before the date stipulated in the PO.

BY THE AUTHORITY OF THE

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of:		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	BY: MAY 09 2024 MARLENE D. SOLIBA, MD MS IV - ABAS HEAD Dennis B. Adre Regional Vice President, PRO1
Within the CGA: 8024	AYKIM A. AQUINO FC II	
Expenditure Code: 502401002 (Sto. D)		
Amount: P 35,600.00		
Remarks: No support		
Conforme:		
KRISTA MAE ISAC Signature over Printed Name and Position of Authorized Representative	Date: 05-10-2024	Date

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



MAY 20 2024

RECEIVED BY:

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