

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Ava Bldg. Old De Veneria Highway, Lurao, 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_084

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	49	pax	AM Snacks & Lunch	445.00	21,805.00
			XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXX		
			Less:		
			VAT (5%/1.12)		973.44
			EWT (1%/1.12)		194.69
			PR No. 24-0423-0192 (5029901002)		
			PURPOSE: Conduct of Konsulta Assisted Batch Registration and Employers / PEERS Forum for Other Government Agencies in the Province Of Ilocos Sur		
			TOTAL - NET		20,636.88

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 9:00AM to 3:00PM on working days on or before the date stipulated in the PO.

BY THE AUTHORITY OF THE

ROSELAL FERRER
FISCAL CLERK III

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of:

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

BY THE AUTHORITY OF THE FMS Chief
AYKIM R. AQUINO
FC II

APPROVED:

By: MAY 09 2024
MARLENE D. SOLIBA, MD
MS IV - ABAS HEAD
Dennis B. Adre
Regional Vice President, PRO1

With in the CGS: 2024
Expense Code: 302401002/STDP 12
Budget: P 21,805.00
Remarks: NO SUPPORT

Conforme:

KRISCA MAE ISAAC
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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