Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICES UNIT

Supplier:	PANGASINAN REGENCY CORPORATION	PO No.	2024 088
Address:	Nalsian, Calasiao, Pangasinan	Date:	5/10/2024
Tel.Fax No.	0923-7379534	Terms of Payment:	Charge
Supplier Registered with:	005-336-922-000 V	Mode of Procurement:	Negotiated Procurement - Lease of Privately Owned Venue

Please deliver to this office within/on May 29-31, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	100	pax	AM Snacks & Lunch, for (Day 1,2,3)	400.00	120,000.00
			xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	TOTAL	120,000.00
			Less:		
			VAT (5%/1.12)		5,357.14
			EWT (1%/1.12)		1,071.43
			PR No. 24-0423-0198 (5029901002)		
			PURPOSE: Conduct of Konsulta Batch Registration and Employers/PEERS Forum for Private Agencies and ACAs in Region I	TOTAL - NET	113,571.43

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 the receipts thereof shall 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 hereby incorporated 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 to 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.

Very truly yours,

CYNTHIA S. SAMOS
Division Chief IV / MSD Chief

Certified Budget Available; Funds Available in the amount of 120,000.00

JOSE A. MONES
Fiscal Controller III

EDWARD O. ESPIRITU
FC IV / FMS Chief

With in the CDB: 2024
Code to Fund: 5029901002 / STDB 12
Budget: ₱ 120,000.00
Remarks: NO SUPPORT

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

BY: MARICOR M. ARZADON, M.D.
MOVII/Chief, PCSMD
MAY 13 2024
Date

Conforme:

JOEL M. BAGUIO Date 5/20/2024
Signature over Printed Name and Position of Authorized Representative

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

MAY 28 2024

RECEIVED BY: