

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_097

Date: 5/20/2024

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement

Lease of Privately-Owned

Venue

Please deliver to this office within/on May 28, 2024 from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|--|-------------|--------------|
| 1 | 106 | pax | AM Snacks & Lunch | 400.00 | 42,400.00 |
| | | | XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX | | |
| | | | Less: | TOTAL | 42,400.00 |
| | | | VAT (5%/1.12) | | 1,892.86 |
| | | | EWI (1%/1.12) | | 378.57 |
| | | | PR No. 24-0419-0186 (5029901002) | | |
| | | | PURPOSE: Conduct of Konsulta Assisted Batch Registration and Employers/PEERs Forum for Private Agencies and ACAs | TOTAL - NET | 40,128.57 |

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: 42,400.00

JOSE A. MONES
Piscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the COB: CY 2024
Expense Code: 5029901002/500312
Budget: 42,400.00
Remarks: NO SUPPORT

Conforme: JOEL M. BABAL
Signature over Printed Name and Position of Authorized Representative

Date: 5/27/24

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

MAY 20 2024

Date

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



MAY 30 2024

RECEIVED BY: