

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
4th Flg. Dela Venera Highway, Lucena, Tuguegarao City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JANPAC REALTY AND DEVELOPMENT
Address: San Fernando City, La Union
Tel/Fax No.: 0999-7107412
Supplier Registered with: 609-043-486-001 V

PO No. 2024_102

Date: 5/20/2024

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	52	pax	AM & PM Snacks, Lunch xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	750.00	39,000.00
			Less:		
			VAT (5%/1.12)		1,741.07
			EWT (1%/1.12)		348.21
			PR No. 24 0320-0147 (5029901002)		
			PURPOSE: Conduct of 2024 LHIO La Union Alaga Activity for Business Permits and Licensing Officers (BPOs)		
			TOTAL - NET		36,910.72

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 incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or individual 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 on cash or in check three (3) calendar days.
- Payment should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

BY THE AUTHORITY OF THE BUDGET OFFICER:

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

JOSE A. MONES
Fiscal Controller III
EDWARD Q. ESPIRITU
FC IV / FMS Chief
Date: 5/21/24
Signature: [Signature]

APPROVED:
DENNIS B. ADRE
Regional Vice President, PRO
MAY 27 2024
Date: [Signature]

Signature: [Signature] Date: May 27, 2024
Signature, Printed Name and Position of Authorized Representative

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



MAY 29 2024

RECEIVED BY: [Signature]