

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **MARIGOLD STORE**  
Address: **A.B. Fernandez Avenue, Dagupan City, Pangasinan**  
Tel. Fax No.: **0939-4782325**  
Supplier Registered with: **157-686-860-000 V**

PO No. **2024\_114**  
Date: **5/22/2024**  
Terms of Payment: **Charge**  
Mode of Procurement: **Negotiated Procurement-  
Small Value Procurement**

Please deliver to this office on May 25, 2024, from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	100	pcs.	Ping pong Ball	20.00	2,000.00
2	1	pc.	Basketball, Molten BG 2000	898.00	898.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less:	TOTAL	2,898.00
			VAT (5%/1.12)		129.38
			PR No. 24-0521-0247 (5029918002)		
			PURPOSE: For PRO 1 Employees' Day Celebration	TOTAL - NET	2,768.62

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 tax receipts should 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 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 thier 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 as 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.

By the authority of the MSD Chief:

Very truly yours,

SALLY S. GOMEZ  
HRMO III/Acting ASS Chief

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: **2,898.00**

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPIRITU  
FC IV / FMS Chief

With in the COB: **2024**  
Expense Code: **5029918002/STOR 12**  
Budget: **2,898.00**  
Remarks: **HO SUPPORT**

Conforme:

Signature over Printed Name and Position of Authorized Representative  
Date: **5-23-2024**

APPROVED:

DENNIS B. ADRE  
Region IV - President, PRO  
CYNTHIA S. SANTOS, DPA  
Division Chief IV / MSD Chief  
DIC-RVP, PRO I

Date

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



MAY 23 2024

RECEIVED BY: