PHILIPPINE HEALTH INSURANCE CORPORATION

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION / GENERAL SERVICE UNIT

Supplier: SAFHOUS SIZZLING HUB	PO No. 2024_121
Address: Poblacion West, Asingan, Pangasinan	Date: 5/28/2024
Tel/Fax No.: 0985-1487726	Terms of Payment: Charge
Supplier Registered with: 401-192-603-000 NV	Mode of Procurement: Negotiated Procurement-Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
		pax	Meals for KP Beneficiaries	150.00	68,850.00
	41	pax	AM, PM Snacks & Lunch for KPP Providers & Philhealth Personnel	600.00	24,600.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			Less:	TOTAL	93,450.00
			NVAT (3%)		2,803.50
			EWT (1%)		934.50
			PR No. 24-0522-0259 (5029901002)		
			PURPOSE: For PhilHealth Konsulta Activity of LHIO Eastern Pangasinan to KP Beneficiaries - PDL in BJMP	TOTAL - NET	89,712.00

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 an integral part of 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.

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 with specifications quoted.

For defective/incomplete items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made for the items within three (3) calendar days.

Delivery 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 D. SANTOS
Division Chief IV / MSD Chief

Funds Available in the amount of 93,450.00

EDWARD Q. ESPIRITU
OIC-FMS Chief

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

By: MARICAR M. ARZADON, M.D.
OIC-ORVP

MAY 29 2024

Date

Conforme: VIFF VHGY IF CARTAS Date: May 30, 2024

Signature over Printed Name and Position of Authorized Representative

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
JUN 03 2024
RECEIVED BY: ________

CamScanner