Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible]

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: MANEL CATERING SERVICES
Address: Santiago Norte, City of San Fernando La Union
Tel.Fax No.: 09497674883
Supplier Registered with: 640-259-155-000 NV

PO No. 2024_128
Date: 6/3/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office on June 21, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	150	pax	AM Snacks, Lunch	99.50	14,925.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			Less:	TOTAL	14,925.00
			NVAT (3%)		447.75
			EWT (1%)		149.25
			PR No. 24-0226-0093 (5029901002)		
			PURPOSE: Conduct of Konsulta Assisted Batch Registration for Indigent Members in LHIO La Union	TOTAL - NET	14,328.00

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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 14,925.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

Within the COB: 2024
Expense Code: 5029901002 | 2008 12
Budget: ₱14,925.00
Remarks: HO SUPPORT

Conforme: A ZAMPAGA
ARMANDO G. ZAMPAGA Date: 6/11/24
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

By:
MARLENE D. SOLIBA, MD
MS IV - ALBAS HEAD
OIC - ORVP

Date: JUN 04 2024

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
JUN 19 2024
RECEIVED BY: ________