Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible]

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

PO No. 2024_158
Date: 6/26/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Lease of Privately Owned Venue

Supplier: WEST LOCH PARK HOTEL
Address: National Highway, Sto. Domingo, Ilocos Sur
Tel.Fax No.: 0917-8765492
Supplier Registered with: 268-427-665-000 V

Please deliver to this office on July 4, 2024, from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	81	pax	AM, PM Snacks & Lunch	900.00	72,900.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx	TOTAL	
			Less:		
			VAT (5%/1.12)		3,254.46
			EWT (1%/1.12)		650.89
			PR No. 24-0507-0220 (5029901007)		
			PURPOSE: Orientation on Diagnosis-Related Groups and Shadow Billing with the Health Facilities in Region I	TOTAL - NET	68,994.65

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 BUDGET OFFICER
[illegible] C. BRAVO 6/26/2024
FISCAL CONTROLLER II

By the authority of the MSD Chief:
SALLY S. GOMEZ
HRMO III, Acting ASS Chief

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 72,900.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the COB: 2024
Expense Code: 5029901002 / STOB I
Budget: ₱72,900.00
Remarks: HO SUPPORT

Conforme:

MILLICENT JULIE A. UY Date: 06-28-24
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

JUN 27 2024

MARLENE D. SOLIBA, MD
MS IV, ACAS Head

Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
JUL 02 2024
RECEIVED BY: ____