Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City 1604

FORM P-008

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: JEREKO'S CATERING
Address: AB Fernandez East, Mayombo District, Dagupan City
Tel./Fax No.: 0906-2300380
Supplier Registered with: 266-578-409-000 V

PO No. 2024_164
Date: 7/18/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office on July 23, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	55	pax	AM Snacks	125.00	6,875.00
			xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx		
			Less:	TOTAL	6,875.00
			VAT (5%/1.12)		306.92
			PR No. 24-0717-0321(5029901002)		
			PURPOSE: Conduct of Alaga Ka for Direct Contributors-San Carlos City	TOTAL - NET	6,568.08

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: 6,875.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the COB: CY 2024
Expense Code: 5029901002
Target: ₱ 6,875.00
Remarks: HO SUPPORT

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

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

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date: 07/23/2024

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
AUG 06 2024
RECEIVED BY: