MKP 7/18/2024

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier:	JEREKO'S CATERING	PO No.	2024_165
Address:	AB Fernandez East, Mayombo District, Dagupan City	Date:	7/18/2024
Tel.Fax No.:	0906-2300380	Terms of Payment:	Charge
Supplier Registered with:	266-578-409-000 V	Mode of Procurement:	Negotiated Procurement-Small Value Procurement

Please deliver to this office on July 29, 2024 from receipt hereof the following:

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	220	pax	AM Snacks	200.00	44,000.00
2	38	pax	AM, PM Snacks & Lunch	600.00	22,800.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			Less:	TOTAL	66,800.00
			VAT (5%/1.12)		2,982.14
			EWT (1%/1.12)		596.43
			PR No. 24-0628-0303 (5029901002)		
			PURPOSE: Conduct of Primary Care Social Mobilization and Marketing Campaign (PCSMMC or Konsulta Caravan	TOTAL - NET	63,221.43

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 their 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 E. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 66,800.00 JOSE A. MONES — Fiscal Controller III EDWARD Q. ESPIRITU — FC IV / FMS Chief With a fee COA: CY 2024 Expense Code: 5029901002 Cost: P 66,800.00 Remarks: HO SUPPORT / STOB 12	APPROVED: DENNIS B. ADRE Regional Vice President, PRO1 By: MARICAR M. ARZADON, M.D. JUL 22 2024 Date
Conforme: IBASAN, TRICHA NICOLE M. Date: July 23, 2024 Signature over Printed Name and Position of Authorized Representative	

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

AUG 06 2024

RECEIVED BY: au