

PURCHASE ORDER  
OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: **YNARD'S PLACE HOTEL AND RESORT**  
 Address: **Buddy San Fernando City, La Union**  
 Tel/Fax No.: **09288306530**  
 Supplier Registered with: **482-016-161-001 V**

PO No. **2024 166**Date: **7/19/2024**Terms of Payment: **Charge**
 Mode of Procurement: **Negotiated Procurement-  
 Lease of Privately-Owned  
 Venue**

Please deliver to this office on July 23-26, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	134	pax	AM, PM Snacks & Lunch, Batch 1, July 23-24, 2024	1,100.00	147,400.00
2	134	pax	AM, PM Snacks & Lunch, Batch 2, July 25-26, 2024	1,100.00	147,400.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			Less:		
			VAT (5%/1.12)		13,160.71
			EWT (1%/1.12)		2,632.14
			PR No. 24-0606-0282 (5020201001)		
			PURPOSE: Conduct of Social Health Insurance Education Series (SHINES)		
			<b>TOTAL - NET</b>		<b>279,007.15</b>

## Terms &amp; Conditions:

- 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 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.
- 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.
- 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.
- 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

 FISCAL CONTROLLER II  
 JOSE A. MONES  
 Fiscal Controller III

Very truly yours,

 CYNTHIA V. SANTOS  
 Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <b>294,800.00</b>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	DENNIS B. ADRE Regional Vice President, PRO1 JUL 22 2024 MARICAR L. ARZADON, M.D. MOVI/CHIEF RECORD OIC - ONVP Date
With in the CUB: <b>2024</b>	BY THE AUTHORITY OF FISCAL CHIEF AYUM P. AQUINO 7/22/2024 FC II	
Expense Code: <b>5020201001 / 50007</b>		
Budget: <b>P294,800.00</b>		
Remarks: <b>HO SUPPORT</b>		
Conformer: <b>REYNALDO B. ALMENDRA</b> CORPORATE SECRETARY 7	Date: <b>07-22-2024</b>	
Signature over Printed Name and Position of Authorized Representative		

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


AUG 01 2024

RECEIVED BY: