Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible]

FORM P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ALAD BAR & RESORT
Address: Naguilian, Caoayan, Ilocos Sur
Tel.Fax No.: 09175432548 (Geralyn R. Quedado)
Supplier Registered with: 922-445-782-000 V

PO No. 2024_178
Date: 7/23/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office on August 2, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
2	40	pax	AM Snacks & Lunch	470.00	18,800.00
			xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			Less:	TOTAL	18,800.00
			VAT (5%/1.12)		839.29
			EWT (1%/1.12)		167.86
			PR No. 24-0712-0318 (502990100J)		
			PURPOSE: Conduct of Konsulta Assisted Batch Registration for all OFF users and Special Laws in the Province of Ilocos Sur	TOTAL - NET	17,792.85

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. [illegible] 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 5:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

By the authority of the HR Chief: CHESTER JOSEPH C. LANTE, ADET

CYNTHIA S. SANTOS
Division Chief IV / GSD Chief

Certified Budget Available: Funds available in the amount of P18,800.00

JOSE A. ABONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

Total in the COB: 2024
Expense Code: 50299010[illegible]
Budget: P 18,800.00
Remarks: HO Support

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO I

By: MARICAR M. ARZADON, M.D.
MO VII / CHIEF, [illegible]
OIC-OAVP

JUL 24 2024

Date

Conforme:

GERALYN R. QUEDADO
Date: JULY 30, 2024
Signature over Printed Name and Position of Authorized Representative

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
JUL 30 2024
RECEIVED BY: