



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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: YUMMIENT FOOD HOUSE

Address: San Juan, La Union

Tel.Fax No.: 0905-2357568/ 0919-0010544

Supplier Registered with: 726-045-846-000 NV

PO No. 2024_180

Date: 7/29/2024

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-

Small Value Procurement

Please deliver to this office on July 31, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	47	pax	Meals	350.00	16,450.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx		
			Less:		
			NVAT (3%)		493.50
			EWT (1%)		164.50
			PR No. 24-0529-0266 (5029901002)		
			PURPOSE: Conduct of Monitoring and Assessment on the Implementation of Policies Relating to the Elderly and Indigent Program in Region I		
			TOTAL - NET		15,792.00

Terms & 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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Confirmed Budget Available: Funds Available in the amount of: 16,450.00	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief
With in the COIR: CY 2024	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: 5029901002	
Budget: 16,450	
Remarks: NO SUBVANT / SUB 4	
Conforms: JENNY G. PASCOL Signature over Printed Name and Position of Authorized Representative	24 JUL 29 2024 MARICAR M. ARZADON, M.D. MO / CHIEF, ACCAIL OIC-ORIP
Date: 7/30/24	

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



AUG 02 2024

RECEIVED BY: ay