

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Ave 11d, Old De Venecia Highway, Lucena, Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

PO No. 2024-188
Date: 8/9/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement
Small Value Procurement

Supplier: NEW BATALLA FOOD HAUZ
Address: Barangay I (Pob.), City of San Fernando, La Union
Tel/Fax No.: 09287448404
Supplier Registered with: 446-880-130-000 NV

PO No. 2024-188

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Please deliver to this office on August 20, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	250	pax	AM Snacks & Lunch	350.00	87,500.00
			XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXX		
				TOTAL	87,500.00
			VAT (3%)		2,625.00
			EWTT (1%)		875.00
			PR No. 24-0522-0257 (5029901002)		
			PURPOSE: Konsulta Service Delivery Caravan/Primary Care Social Mobilization Campaign (PCSMCC)	TOTAL - NET	84,000.00

Terms & Conditions:

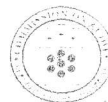
- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax 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 institution, 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

Certified Budget Available: Funds Available in the amount of: <u>87,500.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief
With to the COB: <u>9024</u>	DENNIS S. ADRE Regional Vice President, PRO1/PRO2
Expense Code: <u>5029901002</u>	
Budget: <u>87,500.00</u>	
Remarks: <u>MD SUPPLY</u>	
Conforme: <u>HEUA C. BATALLA</u>	Date: <u>8/13/24</u>
Signature over Printed Name and Position of Authorized Representative	

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



AUG 20 2024

RECEIVED BY: OC