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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MICHAEL'S CATERING SERVICES
Address: NIA Road Brgy., No. 17, San Francisco, City of Laoag, Ilocos Norte
Tel.Fax No.:
Supplier Registered with: 271-626-704-000 V

PO No. 2024_191
Date: 8/13/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement
Small Value Procurement

Please deliver to this office on August 19, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	18	pax	AM Snacks and Lunch	370.00	6,660.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx	TOTAL	6,660.00
			Less:		
			VAT (5%/1.12)		297.32
			EWT (1%/1.12)		59.46
			PR No. 24-0808-0346 (5029918009)		
			PURPOSE: Conduct of LHIO Ilocos Norte PhilHealthy Activity CY 2024	TOTAL - NET	6,303.22

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 thier 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.

By the authority of the 8/16

ACTING ~~ASS~~ CHIEF / HRMO III SALLY S. GOMEZ

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV, MSD Chief

Certified Budget Available
Funds Available in the amount of: 6,660.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the COB: 2024
Expense Code: 5029918009 | 9008 7
Budget: P6,660.00
Remarks: HO SUPPORT

Conforme:

KAELA G BALAUD Date: 8/19/24
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

By: MARICAR M. ARZADOR, M.D.
MO VII / Chief, HCDMD
OIC - ORVP

AUG 19 2024

Date

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

AUG 20 2024

RECEIVED BY: