

PHILIPPINE HEALTH INSURANCE CORPORATION
Ave 1 Bldg Old De Venencia Highway, Lucena, Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **BANI HIDDEN-PARADISE BEACH RESORT**
Address: **Sitio Tubong, Dacap Sur, Bani, Pangasinan**
Tel./Fax No.: **0969-3044735/0936-6904275**
Supplier Registered with: **135-841-870-000 V**

PO No. **2024 210**
Date: **8/30/2024**
Terms of Payment: **Charge**
Mode of Procurement: **Negotiated Procurement-
Lease of Privately-Owned
Venue**

Please deliver to this office on **September 6-7, 2024** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	58	pax	AM, PM Snacks, Lunch, Dinner, Day 1	900.00	52,200.00
2	58	pax	Breakfast, AM, PM Snacks, Lunch, Day 2	900.00	52,200.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:	TOTAL	104,400.00
			VAT (5%/1.12)		4,660.71
			EWI (1%/1.12)		932.14
			PR No. 24-0807-0343 (S029999005)		
			PURPOSE: Conduct of MSD Mid-Year Assessment cum Conduct of Information Caravan	TOTAL - NET	98,807.15

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 SANTOS
Division Chief IV / MSD Chief

Confirmed Budget Available: Funds Available in the amount of: 104,400.00	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITO FC IV / FMS Chief
With in the COB: 2024	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: 3020000000 / 0000 / 0000	SEP 02 2024
Bdget: P 104,400.00	Date
Remarks: MSD / BANI	
Conforme: RAFAEL NUNGA Signature over Printed Name and Position of Authorized Representative	
Date: SEPT. 02, 2024	

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



SEP 05 2024

RECEIVED BY: **au**