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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: RICARDO'S DESSERT SHOP
Address: Agbayani Road, Poblacion, Laoac, Pangasinan
Tel.Fax No.: 9766115955
Supplier Registered with: 284-442-593-000 NV

PO No. 2024_212
Date: 8/30/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement
Small Value Procurement

Please deliver to this office on September 13, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	43	pax	AM Snacks & Lunch	400.00	17,200.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			Less:	TOTAL	17,200.00
			VAT (3%)		516.00
			EWT (1%)		172.00
			PR No. 24-0808-0345 (5029901002)		
			PURPOSE: Conduct of PhilHealth KONSULTA Assisted Batch Registration for KONSULTA Point Person of Eastern Pangasinan	TOTAL - NET	16,512.00

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.

Very truly yours,

CYNTHIA S. SANTOS SEP 02 2024
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: 17,200.00	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD O. ESPIRITU FC IV / FMS Chief	DENNIS B. ADRE Regional Vice President, PRO1
With in the COB: CY 2024 Expense Code: 5029900 1002 Budget: 17,200 Remarks: NO REVISION / SATS		
Conforme: Date: 9/10/2024 Signature over Printed Name and Position of Authorized Representative		SEP 04 2024 Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
SEP 12 2024
RECEIVED BY: