

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: HOTEL LUNA PO No. 2024_223
Address: V. Delos Reyes St. Cr. Gen. Luna St., Vigan City, Ilocos Sur Date: 9/16/2024
Tel.Fax No.: 09565230990 Terms of Payment: Charge
Supplier Registered with: 001-354-715-00017 V Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned
Venue

Please deliver to this office on September 18, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	80	pax	AM Snacks	175.00	14,000.00
2	80	pax	Lunch	500.00	40,000.00
3	80	pax	PM Snacks	175.00	14,000.00
			Venue	8,000.00	8,000.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less:		
			VAT (5%/1.12)		3,392.86
			EWT (1%/1.12)		678.57
			PR No. 24-0902-0380 (5029901002)		
			PURPOSE: Consultative Meeting with the Accredited Konsulta Providers in Ilocos Sur		
			TOTAL - NET		71,928.57

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 thier 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 / MSO Chief

SEP 16 2024

Certified Budget Available: Funds Available in the amount of: <u>76,000.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief
With in the COA <u>cy 2024</u>	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: <u>5029901002</u>	
Bidjet: <u>STOB 12</u>	
Remarks: <u>HO SUBMIT/STOB 12</u>	
Conforme: <u>CARINA I GALDSMO</u> <u>SALES EXECUTIVE</u>	<u>SEP 16 2024</u> <u>RECEIVED BY: [Signature]</u> <u>DATE: 09/17/24</u>
Signature over Printed Name and Position of Authorized Representative	Date

