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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: ISLATEL REALTY AND DEVELOPMENT CORPORATION
Address: Brgy. Lucap, Alaminos City, Pangasinan
Tel.Fax No.: (075) 510- 2850
Supplier Registered with: 010-548-390-000 V

PO No. 2024_225
Date: 9/16/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Lease of Privately-Owned Venue

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	30	pax	AM & PM Snacks, Lunch	550.00	16,500.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			Less:	TOTAL	16,500.00
			VAT (5%/1.12)		736.61
			EWT (1%/1.12)		147.32
			PR No. 24-0828-0372 (5029901002)		
			PURPOSE: Konsulta Assisted Batch Registration of all ORE users and Special Laws in Region 1 for LHIO Western Pangasinan	TOTAL - NET	15,616.07

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
Division Chief IV / MSD Head

Certified Budget Available: Funds Available in the amount of 16,500.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the COB: CY 2024
Expense Code: 5029901002
Budget: 16,500.00
Remarks: HO Guidelines/Step 12

Conforme:

AMOROSO / GELYN   Date: 09/17/24

Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

By: MARICAR M. ARZADON, M.D.
MO VII / Chief, BCDMD
OIC-ARVP

SEP 16 2024

Date

GELYN AMOROSO 09/17/24
Fo Representative

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
SEP 19 2024
RECEIVED BY: