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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: LENOX HOTEL
Address: Rizal Street, Dagupan City, Pangasinan
Tel.Fax No.: (075) 515-8889; 515-7094 to 95
Supplier Registered with: 113-888-385-001 V

PO No. 2024_229
Date: 9/17/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Lease of Privately-Owned Venue

Please deliver to this office on September 20, 2024 daysfrom receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	50	pax	PM Snacks, Dinner	550.00	27,500.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	TOTAL	27,500.00
			Less:		
			VAT (5%/1.12)		1,227.68
			EWT (1%/1.12)		245.54
			PR No. 24-0812-0347 (5020601001)		
			PURPOSE: Conduct of "Salamat -Mabuhay" Program for the Retiree: Ms. Maria Debra S. Palileo	TOTAL - NET	26,026.78

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,

CHESTER JOSEPH C. CANTO
Administrative Officer III

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

BY THE AUTHORITY OF the Budget Officer
P. AQUINO
9/17/2024

Certified Budget Available: Funds Available in the amount of: 27,500.00

by the Authority of the FMS Chief

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

JOSE A. MONES
Fiscal Controller III
9.17.24

Within the COB: CY 2024
Expense Code: 5020601001
Budget: 27,500
Remarks: HO RVVMDAR / SMDG 7

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

CYNTHIA S. SANTOS, DPA
Division Chief IV / MSD Chief
OIC-RVP, PRO 1

SEP 17 2024

Date

Conforme:

Christine Joy O. Aramas Date: 9/16/24

Signature over Printed Name and Position of Authorized Representative

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

SEP 18 2024

RECEIVED BY: