

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: PUREGOLD PRICE CLUB INC.

Address: Brgy. 15, San Guillermo, Laoag City, Ilocos Norte

Tel./Fax No.:

Supplier Registered with: 201-277-095-001 V

PO No. 2024_231

Date: 9/18/2024

Terms of Payment: COD

Mode of Procurement: Negotiated Procurement
Small Value Procurement

Please deliver to this office within 15 days from receipt hereof of the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	50	packs	3 in 1 Coffee (by 10s)	124.00	6,200.00
2	70	packs	Assorted Gummies 50s	41.90	2,933.00
3	129	packs	Assorted Biscuits 10s	59.55	7,681.95
4	20	packs	Disposable Cups 50s	59.25	1,185.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:		
				TOTAL	17,999.95
			VAT (5%/1.12)		803.57
			EWT (1%/1.12)		160.71
			PR No. 24-0822-0368 (5029901002)		
			PURPOSE: For Customer's Delight	TOTAL - NET	17,035.67

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.

CHESTER JOSEPH C. CANTO

Administrative Officer III

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

E AUTHORITY OF THE BUDGET OFFICER:

P. AQUINO

3/18/2024

Certified Budget Available: Funds Available in the amount of: 17,999.95	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPINOSA FC IV / FMS Chief
By the Authority of the FMS Chief	JOSE A. MONES Fiscal Controller III
With in the DOB: 09/20/2024	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: 4020001001	By: CYNTHIA S. SANTOS, DPA Division Chief IV / MSD Chief
Budget: 17,035.67	DIC-RVP, PRO1
Remarks: NO SWAMP / ADD 12	Date: SEP 19 2024
Conformer: JOHN DERICK DUCURAT Signature over Printed Name and Position of Authorized Representative	Date: SEPT 24, 2024

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



SEP 26 2024

RECEIVED BY: