Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Alay Bldg., cnr Dr Vanguardia Highway, Lucao, Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION / GENERAL SERVICE UNIT

Supplier: PRECIOUS FEM'S CATERING SERVICE
Address: San Vicente, Alaminos City, Pangasinan
Tel.Fax No.: 9209113657
Supplier Registered with: 464-039-642-001 V

PO No. 2024_238
Date: 9/24/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	25	packs	Crackers (10pcs/pack)	70.00	1,750.00
2	250	pcs	Coffee	10.30	2,575.00
3	250	pcs	Juice (assarted)	9.00	2,250.00
4	52	packs	Candies (assorted)	48.00	2,496.00
5	10	packs	Cups for Drinking Water	32.00	320.00
6	5	packs	Cups for Coffee	42.00	210.00
			xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxx		
				TOTAL	9,601.00
			VAT (5%/1.12)		428.62
			PR No. 24-0916-0397 (5029901002)		
			PURPOSE: To be used for Members of WP LHIO, Customer Delights	TOTAL - NET	9,172.38

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 their 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.

By the authority of MSD Chief:
SALLY S. GOMEZ
HRMO III/Acting, ASS Chief

Very truly yours,
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

By the Authority of the MSD Chief:
MARIMEL C. BRAVO

Certified Budget Available
Fiscal Controller II
JOSE A. MONES
Fiscal Controller III

Funds Available in the Amount of [illegible]
EDWARD O. ESPIRITU
FC IV / PMS Chief

With In the COB:
Expense Code:
Budget:
Remarks:

Conforme:
Signature over Printed Name and Position of Authorized Representative
Date: 10-4-24

APPROVED:
DENNIS B. ADRE
Regional Vice President, PRO1
SEP 2 3 2024
Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
OCT 07 2024
RECEIVED BY: