

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION Akia Bida Old De Veneria Highway Lucan Dagunan City

PURCHASE ORDER

POMM-P- 006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ISLATEL REALTY AND DEVELOPMENT CORPORATION PO No. 2024_239 Address: Brgy. Lucap, Alaminos City, Pangasinan Date: 9/24/2024 Terms of Payment: Charge Tel.Fax No.: (075) 510-2850 Supplier Registered with: 010-548-390-000 V Mode of Procurement: Negotiated Procurement-Lease of Privately-Owned Please deliver to this office on September 27, 2024 from receipt hereof the following: NO. ITEM DESCRIPTION UNIT PRICE TOTAL AMOUNT 1 50 pax AM Snacks & Lunch 425.00 21,250.00 xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx TOTAL 21.250.00 VAT (5%/1.12) 948.66 EWT (1%/1.12) 189.73 PR No. 24-0228-0111 (5029901002) PURPOSE: Conduct of Konsulta Assisted Batch Registration and for Group TOTAL - NET 20,111.61 Enrollment Program (GEP) members in Region 1

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 stigulated in the PO.

By the authority of MSD Chief: SALLY S. GOMEZ Very truly yours. Ry the Authority of CYNTHIA S. SANTOS HRMO III/Acting, ASS Chief Certified and get Maile the Funds Available in the amount APPROVED acal Controller II THORITY OF EM Ne JOSE A. MONES EDWARD Q. ESPIRITU Fiscal Controller III FC IV / FMS Chief With in the COB. Expense Code DENNIS B. ADRE 8dget: Regional Vice President, PRO1 Remarks: Conforme SEP 2 5 2024 Signature over Printed Name and Position of Authorized Representative Date

