

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LET'S EAT LAH FOOD HOUSE

PO No. 2024_244

Address: Ambonao, Calasiao, Pangasinan

Date: 9/30/2024

Tel.Fax No.:

Terms of Payment: Charge

Supplier Registered with: 100-088-599-000 NV

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within/on October 2-3, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	22	pax	AM & PM Snacks and Lunch (Day 1)	750.00	16,500.00
	22	pax	AM Snacks and Lunch (Day 2)	550.00	12,100.00
			XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:		
			NVAT (3%)		858.00
			EWT (1%)		286.00
			PR No. 24-0912-0392 (5029999005)		
			PURPOSE: For Accreditation Officer Designates Forum		
			TOTAL - NET		27,456.00

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 Chief

SEP 30 2024

THE AUTHORITY OF THE

By the Authority of the

ROSELYN PERERA
FISCAL CONTROLLER III
SEP 24 2024

Funds Available: 1029999005/Stub 10
EDWARD Q. ESPIRITU
FC IV / FMS Chief

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

MARICARM ARZADON, M.D.
MO VII / CHIEF, HCDM.D
OIC-ORUP

OCT 02 2024

With in the COB:
Expense Code:
Bdget:
Remarks:

Conforme:

MYRNA M. ONG

Date: 10/2/24

Signature over Printed Name and Position of Authorized Representative

Date

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



OCT 07 2024

RECEIVED BY: