

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JEREKO'S CATERING PO No. 2024_248
Address: AB Fernandez East, Mayombo District, Dagupan City Date: 10/4/2024
Tel. Fax No.: 0906-2300380 (Trisha Nicole M. Ibasan) Terms of Payment: Charge
Supplier Registered with: 266-578-409-000 V Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office on October 11, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	48	pax	AM, PM Snacks & Lunch	600.00	28,800.00
2	250	pax	AM Snacks	200.00	50,000.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			TOTAL		78,800.00
			VAT (5%/1.12)		3,517.86
			EWT (1%/1.12)		703.57
			PR No. 24-0930-0413 (1029901002)		
			PURPOSE: Conduct of Primary Care Social Mobilization and Marketing Campaign (PCSMAC or Konsulta Caravan)	TOTAL - NET	74,578.57

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.

BY THE AUTHORITY OF THE BUDGET OFFICER:

AYKIN P. AQUINO 10/4/2024
FC II

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>78,800.00</u>	APPROVED:
JOSE A. MONES, Fiscal Controller III	EDWARD Q. ESPIRITU, FC IV / FMS Chief
With in the COB: <u>2024</u>	
Expense Code: <u>1029901002/1st of 12</u>	
Budget: <u>10-5-0000 75,000</u>	
Remarks:	
Conforms: <u>[Signature]</u>	
<u>APRIL V. AQUINO</u> Date: <u>10/10/2024</u>	
Signature over Printed Name and Position of Authorized Representative	
	DENNIS B. ADRE Regional Vice President, PRO1
	<u>[Signature]</u> OCT 04 2024 MARICAR M. ARZADON, M.D. MO VII / Chief, HCS, D OIC - ORUP Date

