Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible]

FORM P-[illegible]

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: EMARLEIGH'S CAFÉ
Address: Poblacion Norte, Santa Maria, Ilocos Sur
Tel.Fax No.: 09174678239
Supplier Registered with: 487-744-698-000 NV

PO No.: 2024_249
Date: 10/8/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office on October 25, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	505	pax	Lunch	240.00	121,200.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx		
				TOTAL	**121,200.00**
			VAT (3%)		**3,636.00**
			EWT (1%)		**1,212.00**
			PR No. 24-1003-0416 (5029901002)		
			PURPOSE: Procurement of Meals for the Conduct of Konsulta Service Delivery Caravan/Primary Care Social Mobilization and Marketing Campaign (PCSMMC) in the Second District of Ilocos Sur	**TOTAL - NET**	**116,352.00**

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 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.

Very truly yours,

CYNTHIA [illegible] SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds available in the amount of 121,200.00 JOSE A. MORES — Fiscal Controller III EDWARD Q. ESPIRITU — FCIV/FMS Chief 2024 5029901002 / 15406 12 HO Support - 121,200	APPROVED: DENNIS B. ADRE Regional Vice President, PRO I JOSEPHINE B. QUITON, DBA DIVISION CHIEF IV [illegible] OCT 0 9 2024
Conforme: NINO CARTER H. ELAMPARO Date: 10/11/24 Signature over Printed Name and Position of Authorized Representative	

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
OCT 3 0 2024
RECEIVED BY: ______