Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PURCHASE ORDER

[illegible]

Supplier:	JYH FOOD HOUSE	PO No.	2024_261
Address:	Barangay Sinait, Ilocos Sur	Date:	10/15/2024
Tel.Fax No.:	09555663537	Terms of Payment:	Charge
Supplier Registered with:	725 696 411 000 NV	Mode of Procurement:	Negotiated Procurement Small Value Procurement

Please deliver to this office on October 30, 2024 from receipt hereof the following:

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	560	pax	Lunch	240.00	134,400.00
			*********** Nothing Follows *****************		
			VAT (3%)	TOTAL	134,400.00
			EWT (1%)		4,032.00
			PR No. 24-1010-0432 (5029901002)		1,344.00
			PURPOSE: For the procurement of Meals for the Conduct of KONSULTA Service Delivery Caravan/Primary Care Social Mobilization and Marketing Campaign (PCSMMC) in Sinait, Ilocos Sur	TOTAL - NET	129,024.00

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 incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or juridical 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 S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available / Funds Available in the amount of: 134,400.00	APPROVED
JOSE A. MONES, Fiscal Controller / EDWARD O. ESPIRITU, FC IV / FMS Chief	DENNIS B. ADRE, Regional Vice President, PRO1
2024 / 5029901002 / [illegible] / MC Support Stake 12	JOSEPHINE C. [illegible], DBA DIVISION CHIEF IV OIC, ORVP
JOSEPHINE Y. HERRERA Date: 10/31/2024 Signature over Printed Name and Position of Authorized Representative	Date

OCT 30 2

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
NOV 05 2024
RECEIVED BY: