

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Akia Bldg. Old De Venecia Highway, Lucao, Dagupan City

POMM-t . i

PURCHASE ORDER

QFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

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Supplier:	PRECIOUS FEM'S CATERING SERVICES	PO No.	2024_264
Address:	San Vicente, Alaminos City, Pangasinan	Date:	21/10/2024
Tel.Fax No.:	9209113657	Terms of Payment:	Charge
Supplier Registered with: 464-039-642-001 V		Mode of Procurement:	Negotiated Procurement-
			Small Value Procurement

Please deliver to this office on October 24, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	262	pax	Lunch	350.00	91,700.00
			xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxx		
				TOTAL	91,700.00
			VAT (5%/1.12)		4,093.75
			EWT (1%/1.12)		818.75,
			PR No. 24-1015-0441 (5029901002)		
			PURPOSE: Conduct of LHIO WP ALAGA ka BJMP in Burgos, Pangasinan	TOTAL - NET	86,787.50

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
- 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
- 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 to	ie PO.
THE AUTHORITY OF THE ON THE	Very truly yours, CYNTHIAS. SANTOS Division Chief IV / MSD Chief
Certified Budget Available: Funds Available in the amount of THE AUTHORITY OF THE	APPROVED:
JOSE A. MONES Fiscal Controller III With in the COB: Expense Code: Bdget: Remarks: EDWARD Q. ESPIRITURE FC IV / FMS Chief FC IV / FMS Chief FC IV / FMS Chief FO	DENNIS B. ADRE Regional Vide President, PRO1
Conforme: Date: D	OCT 2 1 2024,

COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group) NOV 12 2024 RECEIVED BY: