

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION Ahla Blidg, Old De Venecla Highway, Lucan, Dogupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: PANGASINAN REGENCY CORPORATION Nalsian, Calasiao, Pangasinan Address:

PO No. 2024 267

Oate: 10/21/2024

Tel.Fax No.: 0923-7379534

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-

Supplier Registered with: 005-336-922-000 V

P	lease del	liver to this	office on November 12 & 19, 2024 from receipt hereof the following:		Venue
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	107	рах	AM Snacks & Lunch	500.00	53,500.00
2	111	pax	PM Snacks	200.00	22,200.00
3	107	рах	AM Snacks & Lunch	500.00	53,500.00
4	51	pax	PM Snacks	200.00	10,200.00
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				TOTAL	139,400.00
			VAT (5%/1.12)	EARCLEAGUE	6,223.21
			EWT (1%/1.12)		1,244.64
			PR No. 24-0925-0407 (5029901002)		
			PURPOSE: Orientation on Philhealth FinMaREP with the Accountant/Finance Officer and Philhealth Clerk of Health Facilities (HFs) in Region	TOTAL - NET	131,932.15

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
- 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 "Reitaration of Phillhealth 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 PhillHealth shall have the right to reject and return the items and concei 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) colendar 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.

THE AUTHORITY OF THE (By the authority of the MSD Chief: CHESTER JOSEPH C. CANTO AD III/GSU Head	Very truly yours, CYNTHIA S. SANTOS Division Chief IV / MSD Chief	
JOSE A. MONES Fiscal Controller III With in the COB: Expense Code:	Funds Available in the amount of 139/400.00 EDWARD Q. ESPIRITU Page FC IV / FMS Chief FC IV / FMS Chief AND TO ORITY OF FMS CHIEF!	APPROVED: DENNIS B. ADRE	
Conforme: Signature over Printed N.	M. BABARE B/N/Y une and Position of Authorized Representative	Regional Vice President, PRO1 By: WAPICAN LL ARZADON, M.D. MO VIII Chief HCDAID Date	8 2024

