Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible]

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: WEST LOCH PARK HOTEL — PO No. 2024_268
Address: National Highway, Sto. Domingo, Ilocos Sur — Date: 10/21/2024
Tel.Fax No.: 0917-8765492 — Terms of Payment: Charge
Supplier Registered with: 268-427-665-000 V — Mode of Procurement: Negotiated Procurement-Lease of Privately-Owned Venue

Please deliver to this office on November 26, 2024 from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	78	pax	AM, PM Snacks & Lunch	610.00	47,580.00
			xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx		
				TOTAL	47,580.00
			VAT (5%/1.12)		2,124.11
			EWT (1%/1.12)		424.82
			PR No. 24-0828-0375 (5029901002)		
			PURPOSE: Conduct of 2024 LHIO Ilocos Sur ALAKA Ko Activity -Business Permits & Licensing Officers (BPLO) Forum	TOTAL - NET	45,031.07

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.

BY THE AUTHORITY OF THE Budget Officer
MARIMEL C. BRAVO
FISCAL CONTROLLER II

By the authority of the MSD Chief:
CHESTER JOSEPH C. CANTO 10/24/24
AO III/GSU Head

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV - MSD Chief

Certified Budget Available: Funds Available in the amount of: [illegible]

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

Wish in the Sub:
Expense Code:
Budget:
Remarks:

BY THE AUTHORITY OF FMS Chief
P. AQUINO 10/28/2024

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO I

MA. ICAR ... ARZADON, M.D.
[illegible]
Date

Conforme:
[illegible] Date: 10/30/2024
Signature over Printed Name and Position of Authorized Representative

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
NOV 06 2024
RECEIVED BY: ______