Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PHM-P-006

PURCHASE ORDER

Supplier: WEST LOCH PARK HOTEL
Address: National Highway, Sto. Domingo, Ilocos Sur
Tel.Fax No.: 0917-8765492
Supplier Registered with: 268-427-665-000 V

PO No. 2024_275
Date: 10/30/2024
Terms of Payment: Charge
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	70	pax	AM, PM Snacks & Lunch	610.00	42,700.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
				TOTAL	42,700.00
			VAT (5%/1.12)		1,906.25
			EWT (1%/1.12)		381.25
			PR No. 24-0828-0376 (5029901002)		
			PURPOSE: Conduct of 2024 LHIO Ilocos Sur ALAKA Ka Activity - Bookkeepers/Authorized Registration and Remittance Agents (ARRAs) Forum	TOTAL - NET	40,412.50

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 [illegible] 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 [illegible] or create the appearance of [illegible] 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 [illegible] /B.O.
AYKIM P. AQUINO 11/5/2024
PC II

Very truly yours,

CYNTHIA E. SANTOS
[illegible] MSD

Certified Budget Available JOSE A. MONES Fiscal Controller III	Funds Available in the amount of 42,700.00 by the Authority of EDWARD O. ESPIRITU [illegible] / FMS Chief JOSE A. MONES Fiscal Controller III 11.04.24	APPROVED: DENNIS B. ADRE Regional Vice President, PRO I MARLENE D. COLIBO, MD [illegible]
Year: 2024 [illegible]: 5022990/0372 Amount: 42,700 [illegible]: BC [illegible] / [illegible] 12		
Conforme: MILLICENT JOYCE A. [illegible] Date: 11/05/24 Signature over Printed Name and Position of Authorized Representative		Date

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