Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible], Lucao, Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: MANEL CATERING SERVICES
Address: Santiago Norte, City of San Fernando La Union
Tel.Fax No.: 09497674883
Supplier Registered with: 640-259-155-000 NV

PO No. 2024_281
Date: 11/11/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office on November 12, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	300	pax	AM Snacks, Lunch	350.00	105,000.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
				TOTAL	105,000.00
			NVAT (3%)		3,150.00
			EWT (1%)		1,050.00
			PR No. 24-1106-0470 (5029901002)		
			PURPOSE: KONSULTA Service delivery Caravan/Primary Care Social Mobilization Campaign (PCSMMC) to be used for meals of participants of Konsulta Caravan	TOTAL - NET	100,800.00

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 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. 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
[signature] MP. AQUINO 11/12/2024

Very truly yours,

[signature]
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of 105,[illegible]

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU [signature]
FC IV / FMS Chief

By the Authority of the FMS Chief
[signature]
JOSE A. MONES
Fiscal Controller III
11-12-24

within the COB: 2024
Expense Code: 5029901002
Budget: [illegible]
Remarks: HO Support / [illegible]

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

By [signature]
MARJCAR M. ARZADON, M.D.
MO V III / Chief, HCDAD
OIC-[illegible]

Date

NOV 12 2024

Conforme:

Edwin D. Batalla
Date: NOV. 19, 2024
Signature over Printed Name and Position of Authorized Representative

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
NOV 19 2024
RECEIVED BY: [signature]