Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Aka Bldg. Old De Venecia Highway, Lucao, Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JANPAC REALTY AND DEVELOPMENT
Address: San Fernando City, La Union
Tel.Fax No.: 0999-7107412
Supplier Registered with: 609-043-486-001 V

PO No. 2024_284
Date: 11/11/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Lease of Privately-Owned Venue

Please deliver to this office on November 18, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	49	pax	AM & PM Snacks, Lunch	950.00	46,550.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
				TOTAL	46,550.00
			VAT (5%/1.12)		2,078.13
			EWT (1%/1.12)		415.63
			PR No. 24-1105-0468 (5029901002)		
			PURPOSE: Orientation of Latest PhilHealth Circulars with the Health Facilities in Region 1	TOTAL - NET	44,056.24

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] P. AQUINO 11/12/2024
FC II

Very truly yours,
[signature]
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 [signature]
FC IV / FMS Chief

By the Authority of the FMS Chief
[signature]
JOSE A. MONES
Fiscal Controller III
11.12.24

With in the COB: 2024
Expense Code: 5029901002
Object: [illegible]
Remarks: HC Support / Stab 12

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

By: [signature]
MARICAR C. ARZADON, M.D.
[illegible] / Chief, HCDD
OIC-[illegible]

NOV 12 2024

Conforme:
ORLANDO O. [illegible] Date: 11/15/24
Signature over Printed Name and Position of Authorized Representative

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
NOV 26 2024
RECEIVED BY: [signature]