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

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION / GENERAL SERVICE UNIT

Supplier: NORTH LUZON SUPERIOR FOOD CORP.
Address: Candon, Ilocos Sur
Tel.Fax No.: 09948739913 / jb3431@jollibee.com.ph
Supplier Registered with: 010-021-535-001 NV

PO No. 2024_293
Date: 11/20/2024
Terms of Payment: COD
Mode of Procurement: Negotiated Procurement- Small Value Procurement

Please deliver to this office on December 7, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	430	pax	Snacks	125.00	53,750.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
				TOTAL	53,750.00
			VAT (3%)		1,612.50
			EWT (1%)		537.50
			PR No. 24-0228-0108 (5029901002)		
			PURPOSE: Conduct of Konsulta Assisted Batch Registration and for OFW members in Region 1	TOTAL - NET	51,600.00

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 MSD Chief.

Very truly yours,

SALLY S. GOMEZ
HRMO III/Acting, ASS Chief

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

BY THE AUTHORITY OF THE BUDGET OFFICER:

MA. ACUNO
11/21/2024

Certified Budget Available: Funds Available in the amount of: 452,282.28

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the COB:
Expense Code:
Budget:
Remarks:

Conforme:

CLARITA V. GARRIDO / MANAGER Date: 11-22-24
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

CYNTHIA S. SANTOS, MPA
Division Chief IV / MSD Chief
OIC - RVP, PRO1

Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)

NOV 25 2024

RECEIVED BY: _____