Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible]

PURCHASE ORDER

Supplier	SONNY BOY L. LACASANDILE EATERY	PO No.	2024_302
Address	Salvacion, Tagudin, Ilocos Sur	Date	11/26/24
Tel Fax No.	9126450438	Terms of Payment	Charge
Supplier Registered with	287 754 406 000 NV	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
	68	pax	AM Snacks, Lunch	450.00	30,600.00
			********************** Nothing follows **********************	TOTAL	30,600.00
			Less:		
			VAT (3%)		918.00
			EWT (1%)		306.00
			PR No. 24-1114-0479 (5029901002)		
			PURPOSE: [illegible]	TOTAL - NET	29,376.00

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 receipt 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 [illegible]
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 [illegible]
6. Deliveries should be made within **8:00AM - 12:00NN and 1:00PM - 3:00PM** on working days on or before the date stipulated in the PO.

Very truly yours,

CYNTHIA S. SANTOS
[illegible]

Certified Budget Available: JOSE A. MONES Fiscal Controller III	Funds Available in the amount of 30,600.00 EDWARD Q. ESPIRITU AO IV / OIC OFMS Chief
Work in the COB: CY 2024 Expense Code: 5029901002 / [illegible] Budget: 30,600.00 Remarks: HO [illegible]	APPROVED: DENNIS B. ADRE Regional Vice President, PRO I
Conforme: Sonny Boy Lacasandile Date: 12-5-24 Signature over Printed Name and Position of Authorized Representative	DEC 09 2024 Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
DEC 09 2024
RECEIVED BY: [illegible]