

PHILIPPINE HEALTH INSURANCE CORPORATION

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PURCHASE ORDER

CHECE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: Address; Tel.Fax No.:		PANGASINAN REGENCY CORPORATION		PO No.	2024_310
		Nalslan, Cal	asiao, Pangasinan		12/05/2024
				Terms of Payment:	Charge Negotiated Procurement- Lease of Privately-Owned Venue
Supplier Registered with: 005-336-922-000 V Please deliver to this office on December 6, 2			005-336-922-000 V	Mode of Procurement:	
			office on <u>December 6, 2024</u> from receipt hereof the following:	***************************************	
NO.	QTY	UNIT	ITLM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	32	pax	AM, PM Snacks & Lunch	1,450.00	46,400.00
			xxxxxxxxxxxx Nothing Fellows xxxxxxxxxxxxxxxxx		•
				TOTAL	46,400.00
			VAT (5%/1.12)		2,071.43
			EWT (1%/1.12)		414.29 .
_			PR No. 24-1203-0497 (5029999005)		
			FURPOSE. For the conduct of ASS Forum re: updates on HR Policies and Property & Supply Management System	TOTAL : NET	43,914.28
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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.
- 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 Philihealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No Philihealth 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 Philiteaith 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 \$:00AM to \$:00PM on working days on or before the date stipulated in the PO.

Considered Budget Available: Eunder(Available in the amount of: 41, 110-07

JOSE A. MÓNES EDWARD Q. ESPIRITU)/Algor
Flical Controller III FC N / FMS Chief

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Georgia Code: JOY9999007

Annual Georgia Code: JOY999007

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COMMISSION ON AUDIT
AUDIT TEAM R1-94 (PHIC Group)

DEC 09 2024

RECEIVED BY: