



Republic of the Philippines PHILIPPINE HEAL INSURANCE CORPORATION 1074

XentroMall Batangas Diversion Road, Brgy Alangilan,

Batangas City, Batangas - 200

**6** (043) 723-8822 ⊕ www.philhealth.gov.ph 

POMM-P-006

## PURCHASE ORDER

Supplier: AILYN GENERAL MERCHANDISING

PO No: 2025-02-003 Date: February 10, 2025

Address: Brgy. Tayamaan, Mamburao Occidental Mindoro Contact Details: 09179626262

Terms of Payment: On Account

Mode of Procurement:

Negotiated Procurement-Small Value Procurement 🗸 🖋

to this office the following item/s contract shall commence upon receiptof approved Purchase Order

No.		UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	12.00	mos	Service Perks of LHIO Occidental Mindoro for CY 2025	5,000.00	60,000.00
			*Refer to Annex B of RFQ No. OCCI-PROC-2025-006 for the other technical requirements of the contract.		
			The Supplier must submit a copy of an updated Tax Clearance Certificate for the processing of payment.  Subtotal		60,000.00
			Less: CVAT 5% EWT 1% TOTAL	2,678.57 535.71	3,214.28 56,785.72
			PR No.: <b>OCCI-PROC-2025-006</b> PR Date: <b>January 6, 2025</b>		-

## Terms and Conditions:

- 1. The Supplier shall provide/render the service/s on the schedule date and in accordance with the technical Specifications made as integral part of this Agreement and herein attached as Annex A.
- 2. The Supplier must provide Delivery Receipt (DR) and Sales Invoice (SI) on the day of delivery of the goods.
- 3. Defective, incompatible or non-compliant supplies/goods as to specifications when quoted shall be rejected and returned to the Supplier at he time of delivery.
- 4. PRO IV-B shall impose a penalty in an amount equivalent to 1/10 of one percent (15) of the cost of delayed supplies/goods scheduled for delivery for every day of delayas liquidated damages.
- 5. The authorized representative/s of the Supplier shall pick-up its payment at PRO IV-B place of business.
- 6. If the date receipt of PO by the Supplier is not indicated, it shall be deemed received on the day it was acknowledged to have been received by their representative/s either personally or by email.
- 7. The owner or authorized representative/s shall sign a mutual Non-Disclosure Agreement (NDA)
- 8. The individual/s representing the Supplier declares and states that he/she had been duly authorized by the entity's board of directors/trustees or owner to negotiate, enter and sign this Agreement. If such representation proves to be false, he/she shall fully understand that he/she can be held personally responsible for any legal consequences that may arise
- 9. The contracting parties undertake to comply with office Order No. 0053-2015 " Reiteration of Philhealth No Gift Policy (Revision 2) which is deemed incorporated in this PO No Philhealth personnel shall solicit, demand or accept, directly or indirectly, any gift from any person, group or association or juridical entity, wether from public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or which in connection with any transaction which may affect the functions of their office or influence the actions of directors or employess or create the appearance of a conflict of interest.
- 10. The supplier shall comply to Executive Order No. 398, s. 2005. Thus, among others, it shall pay taxes in full and on time and that failure to do so will entitle PRO IV-B to suspend payment for goods and services delivered by the Supplier. The supplier shall regularly present within the duration of the contract an updated Tax Clearance from the Bureau of Internal



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Very truly yours,

ARACELI J. LAINEZ

Division Chief IV, MSD

Certified Budget Availa	able: Funds Available in the amount of		
187			
CELY F. PADERAGA	AO SHARMAINE PAULINE P. LACORTE	Approved by:    3/9/15  ATIY. JERRY F. IBAY	
SIO II/Budget Officer	Designate Fiscal Controller IV		
Within the COB:	2025 MOOE	ATTY. JEBRY F. IBAY	
Expense Code:	502991002	Regional Vice-President	
Budget:	60,000.00	Date Approved:	
Remarks:	OBLA 2025 -02-0011U	1 /	
Conforme:	Ailyn E. Genosa	Received copy of PO:	
Signature	over Printed Name of Authorized Representative	Date: March 7, 20%	