Republic of the Philipp

PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office IV-B SXentroMall Batangas City, Diversion Road, Brgy, Alangilan, Batangas City, Batangas 4200

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

POMM-P-006

PO No: 2025-02-011

Terms of Payment: On Account

Date: February 14, 2025

PURCHASE ORDER

Supplier: GO GRO CORPORATION Address: Brgy. San Jose, Puerto Princesa City, Palawan Contact Details: 09285064327 Negotiated Procurement-Small Value Procurement (Sec.53.9) Mode of Procurement:

BACONG PILIPINA

Please render to this office the following:

PhilHealth

No.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			Service Perks for CY 2025 of LHIO Palawan: Powdered Milk 840g (40 pouch) Coffee Gold 100g (30 bottle) Coffee Classic 185g (40 pouch) Coffee Original Twin Pack 52g (173 pack) Coffee Choco 30g (120 pack)		
1	1	lot	Chocolate Powder 24g (50 pack) Chocolate Candies 50s (26 pouch) Menthol Candies 50s (26 pouch) Chewable Candies 50s (26 pouch) Biscuits 600g 24s (34 pack) Biscuits 30g 10s (35 pack) Powdered Juice 20g (15 pack) Brown Sugar 1kilo (30 pack) Paper Cups 50s (15 pack) NOTHING FOLLOWS *Refer to Annex B of RFQ No. PAL-PROC-2025-004 for the other technical requirements of the contract.	59,257.85	59,257.85
			Subtotal		59,257.85
			Less: CVAT 5%	2,645.44	and and a second second
			EWT 1%	529.09.	3,174.53
			TOTAL		56,083.32
		1	PR No.: PAL-PROC-2025-004 PR Date: December 16, 2024		

Terms and Conditions:

- 1. The Supplier shall deliver the supplies/goods on the schedule date and in accordance with the technical Specifications made as 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/good 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)

Supplier: GO GRO C	ORPORATION	PO No: 2025-02	
	Jose, Puerto Princesa City, Palawan	Date: February 14. Terms of Payment: On Accour	
	09285064327		
Mode of Procurement:	Negotiated Procurement-Small Value Pro		
of directors/trust he/she shall fully therefrom. 9. The contracting p (Revision 2) whice indirectly, any giv anytime, on or of any transaction w the appearance o 10. The supplier shall and that failure t	representing the Supplier declares and states that he/she h sees or owner to negotiate, enter and sign this Agreement. I understand that he/she can be held personally responsible parties undertake to comply with office Order No. 0053-203 th is deemed incorporated in this PO No Philhealth person at from any person, group or association or juridical entity, f the work premises where such gift is given in the course of which may affect the functions of their office or influence th f a conflict of interest. l comply to Executive Order No. 398, s. 2005. Thus, among o do so will entitle PRO IV-B to suspend payment for goods sularly present within the duration of the contract an updat	f such representation proves to be false, e for any legal consequences that may ari- 15 " Reiteration of Philhealth No Gift Poli- nel shall solicit, demand or accept, directl wether from public or private sector, at f official duties or which in connection wi e actions of directors or employess or cre- g others, it shall pay taxes in full and on ti s and services delivered by the Supplier.	
iter officer		Very truly yours,	
		· ·····	
		ARACELI J. LAINEZ Division Chief IV,MSD	
Certified Budget Availa	ble: Funds Available in the amount of 59,257.85		
CELYF. FADERAGA SIO II/Budget Officer J Within the COB: Expense Code: Budget: Remarks:		Approved by: M 3/5/75 ATTY. JERRY F. IBAY Regional Vice-President Date Approved:	
Conforme:	JOVIE COPREROS	Received copy of PO: 3/5/2025	
Signa	ture over Printed Name of Authorized Representative	Date:	

AL D

M. J.