



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
PhilHealth Regional Office IV-B  
XentroMall Batangas City, Diversion Road, Brgy. Alanglian,  
Batangas City, Batangas 4200  
(043) 723-8822 www.philhealth.gov.ph  
PhilHealthRegionalOfficeIVB teamphilhealth

POMM-P-006

## PURCHASE ORDER

Supplier: **JUAN CARLO WATER REFILLING STATION**

Address: **National Highway, Sorosoro Karsada Batangas City, Batangas**

Contact Details: **09562384967**

Mode of Procurement: **Negotiated Procurement (Sec. 53.9)**

**Small Value Procurement**

PO No: **2025-02-013**

Date: **February 18, 2025**

Terms of Payment: **On Account**

Please deliver the following items/services:

No.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3240	cont, 5 gallons	Procurement of Purified Drinking Water of PRO IV-B  nothing follows  Please refer to the Terms and Conditions, Technical Specifications and other conditions/requirements of RFQ No. PRO-PROC-2025-010 The supplier must submit a copy of an Updated Tax Clearance Certificate for the processing of payment.  <b>Subtotal</b> Less: CPT 3% EWT 1%  <b>TOTAL</b>  PR No.: <b>PRO-PROC-2025-010</b> PR Date: <b>1/2/2025</b>	30.00        2,916.00 972.00	97,200.00        97,200.00  3,888.00 <b>93,312.00</b>

### Terms and Conditions:

1. The Supplier shall deliver the supplies/goods on the schedule date and in accordance with the technical Specifications made as an 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 the 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 delays 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 therefrom.
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, whether 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 employees or create the appearance of a conflict of interest.



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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 Revenue.

Very truly yours,

**ARACELI J. LAINEZ**  
Division Chief IV, MSD

Certified Budget Available: Funds Available in the amount of 97200		<p>Approved by:</p> <p><b>ATTY. JERRY F. IBAY</b> Regional Vice-President</p> <p>Date Approved:</p>
<b>CELY F. FADERAGAO</b> SIO II/Budget Officer Designate	<b>SHARMAINE PAULINE P. LACORTE</b> Fiscal Controller IV	
Within the COB:	2025 MOOE	
Expense Code:	50204010	
Budget:	97200	
Remarks:	<b>OBV# 2025-02-0056</b>	
Conforme:	<b>PRINCESS M. SUMAGUI</b> Signature over Printed Name of Authorized Representative	<p>Received copy of PO:</p> <p>Date: <b>03-13-25</b></p>