



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

PURCHASE ORDER

Supplier: **B.N.B GASOLINE STATION**

Address: **Bukal, Lemery, Batangas**

Contact Details: **(043)409-0667 / ohmwinning7@gmail.com**

Mode of Procurement:

Direct Retail Purchase of POL and Airline Tickets (Sec. 53.14)

PO No: **2025-02-015**

Date: **February 21, 2025**

Terms of Payment: **On Account**

Please deliver to this office the following item/s

No.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			Procurement of Petroleum Fuel of LHIO Lemery		
1	3514	liters	Diesel for Service Vehicle	55.05	193,445.70
2	261	liters	Diesel for Generator Set	55.05	14,368.05
			NOTHING FOLLOWS		
			*Refer to Price Quotation of RFQ No. LEM-PROC-2025-001 for the other technical requirements of the contract.		
			*The Supplier/Service Provider must submit copy of an updated Tax Clearance Certificate for the processing of payment.		
			Delivery Period: Immediately upon receipt of PO until December 31, 2025		
			NOTHING FOLLOWS		
			Subtotal		207,813.75
			Less: CVAT 5%	9,277.40	
			EWT 1%	1,855.48	11,132.88
			TOTAL		196,680.87
			PR No.: LEM-PROC-2025-001		
			PR Date: February 06, 2025		

Terms and Conditions:

- The Supplier shall provide/render service/s on the scheduled date and in accordance with the technical Specifications made as an integral part of this agreement and herein attached as Annex A.
- The Supplier must provide Delivery Receipt (DR) and Sales Invoice (SI) on the day of delivery of the goods.
- 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.
- 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.
- The authorized representative/s of the Supplier shall pick-up its payment at PRO IV-B place of business.
- 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.
- The owner or authorized representative/s shall sign a mutual Non-Disclosure Agreement (NDA)
- 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

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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, s2005. 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 durationof 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 **\$207,813.75**

CELY F. FADERAGAO

SIO II/Budget Officer Designate

SHARMAINE PAULINE P. LACORTE

Fiscal Controller III

Within the COB:

2025 MOOE

Expense Code:

50203070

Budget:

207,813.75

Remarks:

ORA # 2025-02-00171

Conforme:

BERNABE B. MARTINEZ

Signature over Printed Name of Authorized Representative

Approved by:

ATTY. JERRY F. IBAY

Regional Vice-President

Date Approved:

Received copy of PO:

Date:

03-18-25