



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

JOB ORDER

JO No: 2024-12-109

Date: December 19, 2024

Terms of Payment: **On Account**

Mode of Procurement: **Negotiated Procurement - Lease of Real Property and Venue**

Please deliver to this office the following item/s on schedule date of the activity:

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No.		UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	Lot	<p>Procurement of Lease of Venue including Meals for the conduct of Annual Corporate Christmas Party / Year End Activity for CY 2024 of LHIO Palawan</p> <p>AM Snacks: Sweet Chocolate rice porridge with spice dilis, Lunch (Buffet Style): Steam Rice, Crab and Cornsoup, Buttered Vegetable, Pork spare ribs, Chicken ala king, Fresh Fruits, Ice Tea PM Snacks: Tuna Sandwich, Orange Juice</p> <p>NOTHING FOLLOWS</p> <p>*Refer to Annex B of RFQ No. PAL-PROC-2024-0018 for the other technical requirements of the contract.</p> <p>*The the supplier must submit a copy of an updated Tax Clearance Certificate for the processing of payment</p> <p>Subtotal</p> <p>Less: VAT 5% EWT 2%</p> <p>TOTAL</p> <p>PR No.: PAL-PROC-2024-0018 PR Date: December 6, 2024</p>	45,900.00	45,900.00
				2,049.11	
				819.64	2,868.75
					43,031.25

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. Defective, incompatible or non-compliant service/s as to specifications when quoted shall be rejected and returned to the Service Provider at the time of the provision/rendering of service/s.
3. PRO IV-B shall impose a penalty in an amount equivalent to 1/10 of one percent (1%) of the cost of delayed service/s scheduled for provision/rendering for every day of delays liquidated damages.
4. The authorized representative/s of the Service provider shall pick-up its payment at PRO IV-B place of business.
5. If the date receipt of JO by the Service Provider 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.
6. The owner or authorized representative/s shall sign a mutual Non-Disclosure Agreement (NDA)
7. The individual/s representing the Service Provider 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.
8. 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 JO 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.



Supplier: **MILLENNIUM PROPERTIES AND BROKERAGE, INC / ASTORIA PALAWAN**

Address: **San Rafael Puerto Princesa City, Palawan**

Contact Details: **0998-597-6831**

Mode of Procurement: **Negotiated Procurement - Lease of Real Property and Venue**

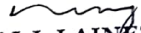
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9. The supplier comply to Executive Order No. 398, s. 2005. Thus, among others, it shall pay taxes in full and on time and that failure to do so will entitle PRO IV-B to suspend payment for goods and services delivered by the supplier. The supplier 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 45,900.00


CELY F. FADERAGAO

SIO II/Budget Officer Designate


SHARMAINE PAULINE P. LACORTE

Fiscal Controller IV

Within the COB: 2024 MOOE

Expense Code: 5029918003

Budget: 45,900.00

Remarks: _____

Conforme: _____


ARRIANNA JOY R. MONTALBA

Signature over Printed Name of Authorized Representative

Approved by:


ATTY. JERRY F. IBAY
Regional Vice-President

Date Approved: DEC 19 2024

Received copy of JO:

12/19/2024

Date: