



Republic of the Philippins PHILIPPINE HEALTH INSURANCE CORPORATION

Philitieetth Regional Office IV-B 🗘 XentroMall Butangas City, Diversion Road, Brgs. Standicar

Batangas City, Batangas 4200 (043) 723-8822 @ www.phitheaith.gov.ph

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POMM-P-006

JOB ORDER

Supplier: AQUAMARINE RECREATIONAL CENTER \prec

Address: Banay-Banay, Lipa City, Batangas

Contact Details: 0927-133-7952/0977-827-3045/(043)703-1960

Negotiated Procurement - Lease of Real Property and Venue (Sec. 53.10)

Mode of Procurement:

JO No:	2024 -	09-058
Date:	Septem	oer 9,202

Terms of Payment: On Account

ο.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	Lot	Lease of Vende including Meals for the Conduct of PRO IV-B Employees Day-Sports Fest for CY 2024		278.500.00
			VENUE		
			Within Lipa City Batangas Accessible to public transportation or located along the major		
			high way/national road;		
	1		Capable of accommodating at least 300 pax or more; Hay a nearby hospital, approximately within 5km distance from		
			the venile/facility:		
			With facilities such as Basketball Court, Volleyball Court, Badminton Court and area for fun games;		₹
			Well ventilated and covered court;		
			With Security Guard on Duty; With wide parking space that can accommodate at least 50		
		*	vehicles.		
		-	Vith standby generator With continuous water supply and accessible comfort rooms for		
			men and women		
			· Include the use of sports materials (balls for basketball and		
	- }		volleyball		
		.:	MEALS Packed Meals for 290 pax, inclusive of spoon and fork, delivery is		
			free of charge		
			AM Snacks O Chicken Pesto with Garlic Bread and Bottled Water		
			• PM Snacks		
			o Ciubhouse Sandwich and Bottled Juice - Lunch		
			o Fiel: Fillet with Sauce, Baby Back Ribs, Paneit Canton, Mixed		
			Veggies with Quail eggs & Dried Black Mushroom, Rice, Buko Pangan and Bottled Softdrinks		
			Lelivery Period: One (1) day within the 3rd Quarter CY		
			NOTHING FOLLOWS		
			*Refer to Apnex B of RFQ No. 2024-PRO4B-96 for the		
			other technical requirements of the contract.		
				,	, -
	1		Subtotal	,	278,500.0
			Less. CVAT 5%	12,433.04	· · · · ·
			EWT 2%	4,973.2	
	11		TOTAL		261,093.
			PR No.: 2024-67-113 ~"		
,	'	, ,	PR Date: July 9, 2024	, r	

option AQUAMARINE RECREATIONAL CENTER

Banay-Banay, Lipa City, Batangas

Administration Details: 0927-133-7952/0977-827-3045/(043)703-1960

Date: September 9.2024

Terms of Payment: On Account

Mode of Procurement:

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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/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 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, 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.

Very truly yours,

/ARACELI J. LAINEZ Division Chief IV, MSD

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Certified Budget Ava	pilable. Funds Available in the amount of 278,500.00	
ANSHERIXA B. A	•	Approved by:
Within the COB: Expense Code: Budget: Remarks.	2024 MOOE 5029918002 278,500.00 OBCH2021 - O9 - 000 97	ATTY VERRY F. IBAY Regional Vice-President Date Approved:
Conforme:	FAUL PATRICK L. MOJICA	Received copy of JO:
Signa	iture over Printed Name of Authorized Representative	Date: