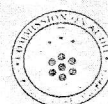


PURCHASE ORDER

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)



MAR 30 2021

POMM-P-006

RECEIVED BY: MB

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ABULENCIA'S VIDEO PHOTOGRAPHY & CATERING SERVICE
Address: Poblacion, Laoac, Pangasinan
Tel. Fax No.: 0918-951-9612
Supplier Registered with: 927-049-210 NV

PO No. 2021_002 ✓

Date: 3/29/2021

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within March 31, 2021 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	18	pax	MEALS	350.00	6,300.00
	18	pax	RAFFLE/PRIZES	135.00	2,430.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	8,730.00
			Less: VAT (3%)		261.90
			PR No. 21-0329-0064		
			PURPOSE: Conduct of 26th PhilHealth Anniversary Celebration-PRO 1	TOTAL - NET	8,468.10
			Employees' Day in LHIO Eastern Pangasinan		

Terms & Conditions:

- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of thier office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.

8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

RUSH

PLEASE

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available Funds Available in the amount of

JOSE A. MONES

EDWARD Q. ESPIRITU

Fiscal Controller III

AO IV / OIC-OFMS Chief

Within the COB:

Expense Code

Budget

Remarks

CY 2021
5070118001
8,730-
40 SUPPORT

Conforme

ALYSSA V. ABULENCIA

Date: March 30, 2021

Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE - ON OFFICIAL

Regional Vice President, PRO1

MARICAR M. ARZADON, M.
MO VII, HCDMD Chief
OIC, Office of the RVP

Date
MAR 30 2021