



MAR 30 2021

RECEIVED BY: RB

POMM-P-01

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JAMC CATERING SERVICES
Address: 108 Brgy. Camansi, San Fernando City, La Union
Tel./Fax No.: 9215454267
Supplier Registered with: 296-216-018-000 NV

PO No. 2021_003 ✓

Date: 3/29/2021

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement

Small Value Procurement

Please deliver to this office within on March 30, 2021 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
				350.00	8,400.00
24	pax	MEALS		135.00	3,240.00
24	pax	RAFFLE ITEMS			
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX	TOTAL	11,640.00
			Less: VAT (3%)	349.20	
			EWT (1%)	116.40	465.60
			PR No. 21-0330-0066		
			PURPOSE: Conduct of 26th PhilHealth Anniversary Celebration-PRO Employees Day in La Union	TOTAL - NET	11,174.40

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 to be incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or 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 their office or influence the actions of directors or employees, or create the appearance of 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 with 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 within three (3) calendar days.
- Deliveries should be made within 8:00AM - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 11,640.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC OFMS Chief

Work Order No. CY 2021
Address Code: 5029718001
Budget: 11,640
Remarks: HO SUPPORT

Conformed: JDEL DUCASIN Date: 3-30-21
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE ON OFFICE
Regional Vice President, PRO 13/3

OIC-ORUP, PRO1

Date