

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: R BUFFET
 Address: Biday, San Fernando City, La Union
 Tel./Fax No.: (072) 888-0233
 Supplier Registered with: 928-039-361-000 V

PO No. 2021_061
 Date: 9/7/2021
 Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
 Small Value Procurement

Please deliver to this office within on September 9, 2021 from receipt hereof the following:

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
15	pax	AM SNACKS	125.00	1,875.00
		XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	1,875.00
		Less: VAT (5%/1.12)		83.71
		PR No. 21-0806-0169		
		PURPOSE: Conduct of Third Quarter Nationwide Simultaneous Earthquake Drill (NSED) CY 2021 in LHIO La Union	TOTAL	1,791.29

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 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 their 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 specified when quoted.
- PhilHealth shall have the right to return/rejected items which cannot be replaced within seven (7) calendar days from notice. PhilHealth shall demand full refund of payment made in cash or by check three (3) calendar days.
- Delivery 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
 CYNTHIA S. SANTOS
 Division Chief IV / MSDC Ref

Original Budget Available Funds Available in the amount of: 1,875.00

DSE A. MONES
 Fiscal Controller III
 EDWARD Q. ESPIRITU
 AO IV / OIC Office of the FMS Chief

PO No. 2021_061
 PO Date 9/7/2021
 PO Amount 1,875.00
 PO Remarks MODE / ST. SUPPORT

Authorized Representative
Glenda Anack
 Date: 9/8/21
 Signature over Printed Name and Position of Authorized Representative

APPROVED:
<i>Maricarm Arzadon</i> MARICARM. ARZADON, M.D. Medical Officer VII - HCDMD DENNIS B. ADRE Regional Vice President, PRO1
SEP 07 2021
Date