

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Terms of Payment:	Charge
Mode of Procurement:	Negotiated Procurement- Small Value Procurement

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	288	pcs.	C2 drinks	10.00	2,880.00
2	128	pcs.	Cup Cake	56.00	7,168.00
			Less: Discount		48.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			TOTAL		10,000.00
			Less: VAT (5%)		446.43
			PR No. 22-0316-0077 (5029918001)		
			PURPOSE: For Walk-in Clients at LHIO La Union in celebration of PhilHealth 27th Anniversary		
			TOTAL		9,553.57

1. 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.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. 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.
4. 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.
5. 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.
6. 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.

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

<p>Certified Budget Available: _____ Funds Available in the amount of: <u>16,000</u></p> <p><u>Jose A. Mones</u> Fiscal Controller III</p> <p>EDWARD Q. ESPIRITU AQ IV / OIC OFMS Chief</p> <p>With in the COB: <u>QV 2022</u> Expense Code: <u>5029918001 / STOR 8</u> Budget: <u>10,000</u> Remarks: <u>MORE / HD SUPPORT</u></p> <p>Conforme: <u>[Signature]</u> <u>[Signature]</u></p> <p>Date: <u>3-26-22</u></p> <p>Signature over Printed Name and Position of Authorized Representative</p>	<p>APPROVED:</p> <p>By: <u>[Signature]</u> MARICAP M. ARZADON, M.D. Medical Officer VII - HC1141D DENNIS B. ADRE Regional Vice President, PRO1</p> <p>MAR 26 2022</p> <p>Date</p>
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