

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LET'S EAT LAH FOOD HOUSE
 Address: Ambonao, Calasiao, Pangasinan
 Tel.Fax No.: 075-653-4661
 Supplier Registered with: 100-088-599 NV

PO No. 2022_014Date: 4/6/2022Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on April 7-8, 2022 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	20	pax	Meals: (AM & PM Snacks, Lunch) Day 1 on April 7, 2022	500.00	10,000.00
2	22	pax	Meals: (AM & PM Snacks, Lunch) Day 2 on April 8, 2022	500.00	11,000.00
			xxxxxx Nothing Follows xxxxx		
			Less:		
			VAT (1%)		210.00
			EWI (1%)		210.00
			PR No. 22-0308-0052 (5020201001)		
			PURPOSE: For the conduct of Personal Mastery to PRO 1 Newly Hired Employees		
			TOTAL		21,000.00
			TOTAL - NET		20,580.00

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 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 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.
- Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified by the Authority of Funds Available in the amount of: 21,000.00

JOSE A. MONTES
 Fiscal Controller III
MARIMEL C. BRAVO
 FISCAL CONTROLLER II

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

MYRNA M. ONG

Date:

04-07-2022

Signature over Printed Name and Position of Authorized Representative

APPROVED:

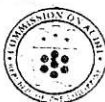
By: my
MARICAR M. ARZADON, M.D.

Medical Officer VII, HCIMD

Regional Vice President, PRO1

Date

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



APR 07 2022

RECEIVED BY: