

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **CF ESGUERRA GROUP VENTURES INC.**

Address: **185 Tambac District, Dagupan City**

Tel.Fax No.: **9177274900**

Supplier Registered with: **760-752-365-000 V**

PO No. **2022_003**

Date: **3/18/2022**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within on **March 21, 2022** from receipt hereof the following :

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	176	pax	Meals: Braised Pork Ribs in Barbeque Sauce xxxxx Nothing Follows xxxxx	280.00	49,280.00
			Less:		
			VAT (5%/1.12)		2,200.00
			EWT (1%/1.12)		440.00
			PR No. 22-0318-0084 (5029918009)		
			PURPOSE: GAD, National Women's Month 2022 celebration		
			TOTAL		49,280.00
			TOTAL - NET		46,640.00

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

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



MAR 21 2022

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of:

RECEIVED BY: *aw*

APPROVED:

JOSE A. MONES

Fiscal Controller III

EDWARD Q. ESPIRITU

AO IV / OIC-OFMS Chief

JOSE A. MONES

Fiscal Controller III

With in the DOB: *CV2022*

Expense Code: *5029918009*

Bdget: *46640*

Remarks:

Conforme: *Emina*

Signature over Printed Name and Position of Authorized Representative

Date: *3-21-22*

DENNIS B. ADRE

Regional Vice President, PRO1

By: *my* MARICARM. ARZADON, M.D.

Medical Officer VII - HCDMD

Date

MAR 18 2022