

**PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LET'S EAT LAH FOOD HOUSE PO No. 2022\_071  
 Address: Ambonao, Calasiao, Pangasinan Date: 8/30/2022  
 Tel. Fax No.: (075) 653-4661 Terms of Payment: Charge  
 Supplier Registered with: 100-088-599-000 NV Mode of Procurement: Negotiated Procurement-  
 Small Value Procurement

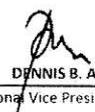
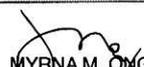
Please deliver to this office on September 2, 2022 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	50	pax	Meals (AM & PM Snacks, Lunch)	600.00	30,000.00
			XXXXXXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX	<b>Total</b>	<b>30,000.00</b>
			Less: VAT (1%)		300.00
			EWT (1%)		300.00
			PR No. 22-0819-0212 (502999005)		
			PURPOSE: For the Conduct of MSD Mid-Year Performance Assessment	<b>TOTAL</b>	<b>29,400.00</b>

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.
- If the date of receipt of the Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or email.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- Delivery Receipt and/or Sales Invoice shall be required for one-time complete delivery of the goods.
- 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.

Very truly yours, By the authority of the MSD Chief  
 CYNTHIA S. SANTOS  
 Division Chief IV / MSD Chief *Sally S. Gomez*  
**SALLY S. GOMEZ**

Certified Budget Available: Funds Available in the amount of: <u>30,000</u> JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief With in the COB: <u>CY2022</u> Expense Code: <u>5029099005</u> <u>TOP 10</u> Budget: <u>GRV P. MSD</u> Remarks: <u>30000</u>		APPROVED:   DENNIS B. ADRE Regional Vice President, PRO1  September 1, 2022 Date
Conforme:  MYRNA M. ONG Date: September 1, 2022 Signature over Printed Name and Position of Authorized Representative		September 1, 2022 Date

**COMMISSION ON AUDIT**  
**AUDIT TEAM R1-04 (PHIC Group)**  
  
**SEP 01 2022**  
 RECEIVED BY: 