AKIA Bldg., Old De Venecia Highway, Tucao, Dagupan City

POMM-P- 006

# PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **CAPITOL RESORT HOTEL**
Address: **Capitol Compound, Lingayen, Pangasinan**
Tel.Fax No.: **0947-978-8349**
Supplier Registered with: **004-010-187-0000**

**PO No. 2022_076**
**Date: 9/7/2022**
**Terms of Payment: Charge**
**Mode of Procurement: Negotiated Procurement-Agency to Agency**

Please deliver to this office on September 10, 2022 from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|---|---|---|---|---|---|
| | 23 | pax | AM Snack | 120.00 | 2,760.00 |
| | 23 | pax | Lunch | 300.00 | 6,900.00 |
| | 23 | pax | PM Snack | 120.00 | 2,760.00 |
| | | | xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx | Total | 12,420.00 |
| | | | | | |
| | | | PR No. 22-0830-0221 (5029999005) | | |
| | | | PURPOSE: For the Conduct of FOD Mid-Year Performance Assessment and Performance Review | TOTAL | 12,420.00 |

Terms & Conditions:

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. 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.
3. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
4. Delivery Receipt and/or Sales Invoice shall be required for one-time complete delivery of the goods.
5. 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.
6. 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.
7. 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.**
8. 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 R. SANTOS**
Division Chief IV / MSD Chief

Certified Budget Available: Funds available in the amount of: 12,420.-

**JOSE A. MONES**
Fiscal Controller III

**EDWARD Q. ESPIRITU**
AO IV / OIC-OFMS Chief

With in the COB:
Expense Code: CY2022 5029999005
Object: 12420
Remarks: FOD

Conforme:

CAREL C. CRUZ
Signature over Printed Name and Position of Authorized Representative

Date: 9/9/2022

APPROVED:

**MARICAR L. ARZADON, M.D.**
Medical Officer V

**DENNIS B. ADRE**
Regional Vice President, FRO1

Date

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

SEP 09 2022

RECEIVED BY: