

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: TWO BROTHERS GROCERY INC.

PO No. 2022_008

Address: Vigan City, Ilocos Sur

Date: 3/22/2022

Tel. Fax No.:

Terms of Payment: Charge

Supplier Registered with: 005-839-776-000 V

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on March 22-31, 2022 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	5	pack	C2 Solo Lemon / Apple	247.20	1,236.00
2	5	pack	Coke Mismo	166.45	832.25
3	25	pack	Monde Special Mamon 6 pcs. x 43 g	76.60	1,915.00
4	20	pack	Lemon Square Cheesecake 42gx 10 x 12	74.45	1,489.00
5	15	pack	Cream-O Vanilla 10sx 20	63.10	946.50
6	10	pack	Fudgee Barr Chocolate 10s x 10	57.10	571.00
7	15	pack	Richeese Wafer Cheese 230g x 10	42.60	639.00
8	50	pack	Richoco White	8.55	427.50
9	20	box	Cloud 9 (12x28)	76.80	1,536.00
10	50	pcs./box	Choco Mucho	6.90	345.00
xxxxxx Nothing Follows xxxxx					
Less:					
VAT (5%/1.12)					443.63
PR No. 22-0318-0082 (5029918001)					
PURPOSE: For Walk-in Clients of PSO Condon City in celebration of PhilHealth 27th Anniversary					
TOTAL					9,937.25
TOTAL - NET					9,493.62

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,

By the Authority of the Chief, MS

SALEY S. GOMEZ

CYNTHIA S. SANTOS

Division Chief IV / MSD

MAR 22 2022

Certified Budget Available:	Funds Available in the amount of: 9,937.25	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AD IV / DIC-OFMS Chief	MAR 23 2022
With in the CDB	2022	MARICAR M. ARZADON, M.D. Medical Officer VII - HCDMD
Expense Code	5029918001 CT008	DENNIS B. ADRE Regional Vice President, PRO1
Budget	MOOE/HC EXPENDIT	
Remarks	9437.25	
Conforme:	CHIRAN PRINCESS RALOTAY Date: 3-25-22	
Signature over Printed Name and Position of Authorized Representative		

