

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\_101

Date: 11/7/2022

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement  
Small Value Procurement

Please deliver to this office within November - December 2022 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	215	pax	Meals (AM & PM Snacks, Lunch) in 6 batches	450.00	193,500.00
			450 per pax @ 2 days		
			xxxxxx Nothing Follows xxxxx		
			Less: VAT (1%)		1,935.00
			EWT (1%)		1,935.00
			PR No. 22-1012-0260 (5020201001)		
			PURPOSE: For the conduct of "Mental Health and Stress Management Enhancement Program" Training to all PRO 1 Employees		
			TOTAL - NET		189,630.00

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, By the Authority of the Chief, MSD

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Sanitized Budget Available: _____	Funds Available in the amount of: <u>193,500</u>	APPROVED:
JOSE A. MONES Fiscal Controller	EDWARD O. ESPIRITU AO IV / OIC-OFMS Chief	
With in the COB: <u>01/2022</u>	<u>5020201001</u> STO B & R	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: <u>193500</u>	<u>OMED</u>	
Remarks: _____		
Conforms: _____		
Signature over Printed Name and Position of Authorized Representative: <u>MYRNA MONG</u>	Date: <u>11/22/2022</u>	Date: _____

