

PURCHASE ORDER

FORM P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **JANPAC REALTY & DEVELOPMENT**
 Address: **Sevilla Center, San Fernando City, La Union**
 Tel. Fax No.: **09997107412**
 Supplier Registered with: **609 043-486-001 V**

PO No. **2022-129**
 Date: **12/1/2022**

Terms of Payment: **Charge**
 Mode of Procurement: **Negotiated Procurement**
Lease of Real Property
& Venue

Please deliver to this office within/on **December 7-8, 2022** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	35	pax	Day 1, PM Snacks & Dinner		
			Day 2, Breakfast, AM Snacks & Lunch	2,000.00	70,000.00
			Overnight Accommodation		
			Amenities (Function Hall with Audio, White Screen Equipment etc.)		
			Inclusive of Venue		
			xxxxxx Nothing Follows xxxxxx		
			Less: VAT (5%/1.12)	TOTAL	70,000.00
			EWT (1%/1.12)		3,125.00
			PR No. 22-1103-0279 (5029999005)		625.00
			PURPOSE: For the Year-end Performance Assessment for CY2022 of the ORVP	TOTAL - NET	66,250.00

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,

[Signature]
CYNTHIA R. SANTOS
 Division Chief IV / MSD Chief

BY THE AUTHORITY OF THE

Certified Budget Available: <i>[Signature]</i> RYKIM MACINDO JOSE A. MONES FC-11 Fiscal Controller III With in the COB: CY2022 Expense Code: 5029999005 / 1008.10 Budget: 70000 Remarks: ORVP	Funds Available in the amount of: 70,000 EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief	APPROVED: By the Authority of the RVP: JOSEPHINE Q. QUITON Director / Chief - POD DENNIS B. ADRE Regional Vice President, PRCT
Conforms to: <i>[Signature]</i> Signature over Printed Name and Position of Authorized Representative		Date: 12/01/22

COMMISSION ON AUDIT
 AUDIT TEAM R1-04 (PHIC Group)
DEC 07 2022
 RECEIVED BY: *[Signature]*