

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MC CAROL FOODS INC.

Address: Tapuac District, Dagupan City

Tel. Fax No.: (075) 540-9335

Supplier Registered with: 009-228-108-000 V

PO No. 2023\_002

Date: 2/17/2023

Terms of Payment: COD

Mode of Procurement: Negotiated Procurement  
Small Value Procurement

Please deliver to this office within February 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	270	pack	Pie (Individually pack)	37.00	9,990.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less:		
			VAT (5%/1.12)		445.98
			PR No. 23-0216-0052 (5029918001)		
			PURPOSE: Provision of Refreshment/Snacks to walk-in clients of LHIO CP		
			TOTAL - NET		9,544.02

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
- 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

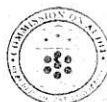
CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

SALLY S. GOMEZ

Certified Budget Available: Funds Available in the amount of: 9,990.00		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief	
With in the COB: <u>CV 777</u>		
Expense Code: <u>5029918001/5000</u>		
Budget: <u>9,990.00</u>		
Remarks: <u>NO SURVIV</u>		
Conforme: <u>[Signature]</u>		
Date: 02-21-23		
Signature over Printed Name and Position of Authorized Representative		
		DENNIS B. ADRE Regional Vice President, PRO1 By the Authority of the RVP JOSEPHINE Q. QUITON Division Chief - POD Date: FEB 20 2023

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



FEB 21 2023

RECEIVED BY: [Signature]