

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **PRECIOUS FEM'S CATERING SERVICES**
Address: **San Vicente, Alaminos City, Pangasinan**
Tel. Fax No.: **09209113657**
Supplier Registered with: **464-039-642-001 V**

PO No. **2023 008**

Date: **3/8/2023**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	25	packs	Crackers (10 pcs./pack)	70.00	1,750.00
	250	pcs	Coffee	10.30	2,575.00
	250	pcs	Juice (assorted)	9.00	2,250.00
	52	packs	Candies (assorted)	48.00	2,496.00
	10	packs	Cups for Drinking Water	32.00	320.00
	5	packs	Cups for Coffee	42.00	210.00
			XXXXXXXXXXXX Nothir g Follows XXXXXXXXXXXXXXXXXXXX		
			Less:		
			VAT (5%/1.12)		9,601.00
			PR No. 23-0302-008 (5029901002)		428.62
			PURPOSE: Customer (ights of WP LHIO Alaminos for 1st Qtr. 2023		
			TOTAL - NET		9,172.38

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 the 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,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: 9,601.00
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / DIC OFMS Chief
Work in the COB: 2023	
Expense Code: 5029901002	
Repet: 9,601.00	
Remarks: TIOT-2	
Conforme:	
Signature over Printed Name and Position of Authorized Representative	
Date: 4-11-23	
	APPROVED:
	DENNIS B. ADRE Regional Vice President, PR
	JANETTE D. MANAOIS, MD MEDICAL SPECIALIST IV OIC - RVP
	Date:

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



APR 12 2023

RECEIVED BY: