

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **MUNICIPALITY OF CALASIAO**
Address: **Calasiao, Pangasinan**
Tel/Fax No.:
Supplier Registered with:

PO No. **2023_021**

Date: **3/30/2023**

Terms of Payment: **COD**

Mode of Procurement: **Negotiated Procurement-Agency to Agency**

Please deliver to this office within/on or before **April 1, 2023** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			Lease of Venue		
		XXXXXXXXXXXX	XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXXX	9,000.00	9,000.00
			Total		9,000.00
		PR No. 23-0327-014	(5029918001)		
		PURPOSE: For Conduct	CY2023 Employees' Day Celebration		
			TOTAL		9,000.00

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.
- If the date of receipt of the Purchase Order (P.O.) representative either through fax or email, the dealer is not indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative either through fax or email.
- For imported items, IMPORTATION DOCUMENTS: specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- Delivery Receipt and/or Sales Invoice shall be required for one-time complete delivery of the goods.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed to 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, anytime, on or off the work premises where such gift is given 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 SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: **9,000.00**

JOSE A. MONES
Fiscal Controller III
EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

With in the COB: **2023**
Expense Code: **5029918001 / MAR 8**
Budget: **9,000.00**
Remarks: **NO SURPLUS**

Conforme:

CHERNEL L. POSERIO

MAR 31 2023

Signature of Municipal Representative

APPROVED:

DENNIS B. ADRE
Regional Vice President, MOI

RICARDO M. MARZADON, M.D.
MO VII / Chief, HCDMD
011-0117

Date