

PURCHASE ORDER

POMM-P-006

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. **2023\_022**

Date: **3/31/2023**

Terms of Payment: **Charge**

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

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	333	pax	Meals (AM Snacks, Lunch, PM Snacks)	600.00	199,800.00
			xxxxxx Nothing Follows xxxxxx		
			Less: VAT (1%)		1,998.00
			EWI (1%)		1,998.00
			PR No. 23-0316-0119 (5029918001)		1,998.00
			PURPOSE: For the conduct of CY2023 PRO 1 Employees' Day Celebration		
			TOTAL - NET		195,804.00

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 thier 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  
3/31/2023

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

CHESTER JOSEPH C. CANTO  
Administrative Officer III

Certified Budget Available: Funds Available in the amount of: <u>195,804.00</u>		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief	
With in the COB: <u>2023</u>		
Expense Code: <u>9029918001 / 47000</u>		
Budget: <u>P 195,804.00</u>		
Remarks: <u>HO SUPPORT</u>		
Conforme: <u>MYRNA M. ONG</u>		
Signature over Printed Name and Position of Authorized Representative		
Date: <u>March 31, 2023</u>		
		DENNIS B. ADRE Regional Vice President, PRO1
		by: <u>MARICAR M. ARZADON, M.D.</u> MO VII / Chief, HCDMD
		Date: <u>MAR 31 2023</u>

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



MAR 31 2023

RECEIVED BY: [Signature]