

PURCHASE ORDER

POMM-P-003

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **SEQUOIA CULINARY VENTURES INC.**  
Address: **Barangay 1, San Nicolas, Ilocos Norte**  
Tel/Fax No.:  
Supplier Registered with: **006-199-230-000 V**

PO No. **2023\_030**

Date: **4/20/2023**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement-**

**Lease of Privately-Owned Venue**

Please deliver to this office within/on April 26 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	56	pax	2 Snacks and 1 Lunch XXXXXX Nothing Follow XXXXX Less: VAT (5%/1.12) EWT (1%/1.12) PR No. 23-0404-0147 (5/29901002) PURPOSE: Orientation on Consulta Package with the Rural Health Units (RHUs) of Ilocos Norte	700.00 <b>TOTAL</b>	39,200.00 <b>39,200.00</b> 1,750.00 350.00
				<b>TOTAL - NET</b>	<b>37,100.00</b>

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 specially 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 "Reliteration of PhilHealth No Gift Policy (Revision 1) which is deemed to be incorporated 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 any time, 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 items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant with 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.

By the authority of the MSD Chief

Very truly yours,

**SALLY S. GOMEZ**

**CYNTHIA S. SANTOS**

Division Chief IV / MSD Chief

**APR 20 2023**

Certified Budget Available: Funds Available in the amount of: **39,200**

**JOSE A. MONES**  
Fiscal Controller III

**EDWARD Q. ESPIRITU**  
AO IV / OIC-OFMS Chief

With in the COB: **2023**

Expense Code: **5029406002 / JDB 5**

Budget: **P 39,200.00**

Remarks: **REACH-OUT**

Conforme:

**CATHERINE M. DUREG**

Date: **4-25-23**

Signature over Printed Name and Position of Authorize Representative

APPROVED:

**DENNIS B. ADRE**

Regional Vice President, PRO1

**RICARDO M. ARZADON, M.D.**  
AO VII / Chief, HCDMD  
**DIC-0ANP**

Date

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



**APR 28 2023**

RECEIVED BY: