

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **ALAD BAR & RESORT**
Address: **Naguilian, Caoayan, Ilocos Sur**
Tel/Fax No.: **09175432548**
Supplier Registered with: **922-445-782-000 V**

PO No. **2023_031**

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 27, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	46	pax	AM Snacks	125.00	5,750.00
2	46	pax	Lunch	250.00	11,500.00
3	46	pax	PM Snacks	125.00	5,750.00
			Inclusive of Venue		
			xxxxxx Nothing Follow. xxxxx		
			Less: VAT (5%/1.12)		1,026.78
			EWI (1%/1.12)		205.36
			PR No. 23-0404-0147 (5049901002)		
			PURPOSE: Conduct of Orientation on Konsulta Package with the Rural Health Units (RHUs) of Ilocos Sur		
			TOTAL - NET		21,767.85

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 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, 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 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.

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: 23,000.00	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief
With in the COB: 2023	DENNIS B. ADRE Regional Vice President, PRO
Expense Code: 602401001/0005	By: My APR 20 2023
Budget: P 23,000.00	REARJAN M. ARZADON, M.D. MO VII / Chief, HCDMD OIC-OBVP
Remarks: RECEIVED - IAT	Date
Conforme: GERARDO R. QUINONES Signature over Printed Name and Position of Authorizer Representative	Date: 4/25/23

