

PURCHASE ORDER

POMM-P-006

Supplier: **JANPAC REALTY AND DEVELOPMENT**
Address: **San Fernando City, La Union**
Tel. Fax No.: **09997107412**
Supplier Registered with: **609-043-485-001 V**

PO No. **2023_040**

Date: **4/26/2023**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement**

Lease of Privately-Owned: **Venue**

Please deliver to this office within May 23, 2023 from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	410	pax	Meals (Snacks)		
			xxxx nothing follows xxxx	200.00	82,000.00
			Less: VAT (5%/1.12)		
			EAT (1%/1.12)		
			PR No. 23-0307-0096 (128901002)		
			PURPOSE: FOR THE... (Alabang City, La Union)		
			TOTAL		82,000.00
					3,66.71
					73.14
			TOTAL - NET		77,607.15

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 shall be submitted showing the conditions, serial numbers of the equipment purchased, and tax receipts shall be submitted.
- The contracting parties undertake to comply with the Procurement Policy (2018-2023) entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed to be the policy of PhilHealth.
- PhilHealth shall have the right to reject and return items which do not conform to the corresponding PO if goods delivered are defective, incomplete or non-compliant as specified within seven (7) calendar days from notice. PhilHealth shall demand full refund of payment made in accordance with the PO.
- In case of returned/rejected items which cannot be delivered, PhilHealth shall demand full refund of payment made in accordance with the PO.

BY THE AUTHORITY OF
AYRM. AQUINO
FCU

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of **82,000**

JOSE A. MONES
Fiscal Controller III

EDWARD C. ESPINOSA
AO IV / CMC-GEN. SEC.

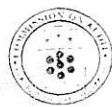
With in the COB: **2023**
Expense Code: **5024901002/STDB9**
Budget: **82,000.00**
Remarks: **PAU**

Conforme: **JOSE A. MONES**
APR 26, 2023

Signature over Printed Name and Position of Authorized Representative

APPROVED:
DENNIS S. ADRE
Regional Vice President, PRO3
By: **JOSEPHINE O. QUINTON**
Division Chief - FID
D/C - ORAT
Date: **APR 29 2023**

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



MAY 09 2023

RECEIVED BY: **ay**