

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SEQUOIA CULINARY VENTURES INC. PO No. 2023-047-S030
 Address: Barangay 1, San Nicolas, Ilocos Norte Date: 5/16/2023
 Tel./Fax No.: _____ Terms of Payment: Charge
 Supplier Registered with: 006-199-230-000 V 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	20	pax	2 Snacks and 1 lunch	700.00	14,000.00
			xxxxxx Nothing Follows xxxxx	TOTAL	14,000.00
			Less: VAT (5%/1.12)		625.00
			EWT (1%/1.12)		125.00
			PR No. 23-0512-0170 (5029901002)		
			PURPOSE: Orientation on Konsulta Package with the Rural Health Units (RHUs) of Ilocos Norte	TOTAL - NET	13,250.00

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 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" in 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,

[Signature]
 CYNTHIA S. SANIOS
 Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>14,000.00</u> JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief With in the COB: <u>2023</u> Expense Code: <u>5029901002</u> Budget: <u>P 14,000.00</u> Remarks: <u>BEACH-VAT</u> Confirmed: <i>[Signature]</i> CATHERINE M. DUREG Date: <u>5-24-23</u> Signature over Printed Name and Position of Authorized Representative	APPROVED: <i>[Signature]</i> DENNIS B. ADRE Regional Vice President, PRO1 Date: _____
---	---

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

 MAY 24 2023
 RECEIVED BY: *[Signature]*