

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: DAGUPAN VILLAGE HOTEL
Address: Lucena District, Dagupan City, Pangasinan
Tel. Fax No.: (075) 523-3801
Supplier Registered with: 932-092-789-000 V

PO No. 2023_048
Date: 5/17/2023
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned
Venue

Please deliver to this office within/on May 26, 2023 upon receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	33	pax	Meals (2 snacks and 1 Lunch)	550.00	18,150.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	810.27	
			EWI (1%/1.12)	162.05	972.32
			PR No. 23-0420-0154 (5029901002)		
			PURPOSE: For LHIO Central Pangasinan/ For Conduct of Alaga Ka-Empleyos PhilHealth- Employer Engagement Representative (PEERs) and Accredited Collecting Agents (ACAs)	TOTAL	17,177.68

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" three (3) calendar days.
- Deliveries should be made within 8:00AM - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

By the authority of the MSD Chief

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

SALLY S. GOMEZ
MAY 17 2023

Certified Budget Available: Funds Available in the amount of: 18,150.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

With in the COB: 2023
Expense Code: 5029901002 / 5029901004
Budget: P 18,150.00
Remarks: PAU

Conforme: [Signature] Date: 5-19-23
Signature over Printed Name and Position of Authorized Representative

APPROVED:

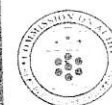
DENNIS B. ADRE

Regional Vice President, PROI

By: [Signature]
JANETTE D. MANAOIS, MD
MEDICAL SPECIALIST IV
OIC - OR VP

Date

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



MAY 23 2023

RECEIVED BY: [Signature]