

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: WEST LOCH PARK HOTEL

Address: National Highway, Sto. Domingo, Ilocos Sur

Tel.Fax No.: 0917-8765492

Supplier Registered with: 268-427-665-000 V

PO No. 2023 062

Date: 6/16/2023

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-

Lease of Privately-Owned Venue

Please deliver to this office within/on June 23, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	75	pax	AM Snacks	120.00	9,000.00
2	75	pax	Lunch	310.00	23,250.00
3	75	pax	PM Snacks	120.00	9,000.00
			Inclusive of Venue		
			xxxxxx Nothing Follows xxxxx		
			Less: VAT (5%/1.12)		1,841.52
			EWT (1%/1.12)		368.30
			PR No. 23-0420-0156 (5029901002)		
			PURPOSE: Conduct of PEERs Forum for Government Accounts of LHIO Ilocos Sur (1st and 2nd District)		
			TOTAL - NET		39,040.18

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 to 3:00PM on working days on or before the date stipulated in the PO.

BY THE AUTHORITY OF

AYCIMP, AC/MD
FCII

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 41,250.00	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITO AO IV / OIC-OFMS Chief
With in the COB: 2023	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: 5029901002 / 1004	By: MARICAR M. ARZADON, M.D. MD VII / CHIEF, HCDMD OIC - PRVP
Budget: P 41,250.00	
Remarks: PAU	
Conforme: KRISA ANAE ISAAC Signature over Printed Name and Position of Authorized Representative	COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group)
Date: June 20, 2023	Date:



JUN 26 2023

RECEIVED BY: BA