



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\_077

Date: 6/26/2023

Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office on June 26, 27 & 29, 2023 from receipt hereof of the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	5	pax	AM Snacks (3 days)	150.00	2,250.00
	5	pax	Lunch (3 days)	250.00	3,750.00
			xxxxxx Nothing Follows xxxxx	TOTAL	6,000.00
			Less: VAT (5%/1.12)		267.86
			PR No. 23-0307-0101 (5020201001)		
			PURPOSE: For the conduct of "Basic Verbal/Oral Communication Skills Enhancement" Training to PRO 1 Employees	TOTAL - NET	5,732.14

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 thier 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.

Very truly yours,

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 6,000

JOSE A. MONES

Fiscal Controller/II

EDWARD Q. ESPIRITU

AO IV / OIC-OFMS Chief

With in the COB: CY 2023

Expense Code: 5020201001

Bdget: 7122.2 / 7122.8

Remarks: 6,000.00

Conforme:

GERALIN R. QUEBADO

Date: 6-26-2023

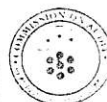
Signature over Printed Name and Position of Authorized Representative

APPROVED:

JUN 26 2023  
DENNIS B. ADRE  
Regional Vice President, PRO1

Date

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



JUN 29 2023

RECEIVED BY: