

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION GENERAL SERVICE UNIT

Supplier: SEQUOIA CULINARY VENTURES INC.

PO No. 2023_105

Address: Brgy. 1 San Nicolas, Ilocos Norte

Date: 8/14/2023

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 September 27, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	40	pax	2 Snacks and 1 Meal xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	700.00	28,000.00
			Less:	TOTAL	28,000.00
			VAT (5%/1.12)		1,250.00
			EWT (1%/1.12)		250.00
			PR No. 23-0719-0226 (5029901002)		
			PURPOSE Follow through Meeting on Konsulta Package with the Government Hospitals and RHUs of Ilocos Norte	TOTAL - NET	26,500.00

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" 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 the Budget Officer
MARIMEL C. BRAVO
8/14/2023

By the Authority of the FMS Chief
JOSE A. MONES
8/14/23
Fiscal Controller III

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Fiscal Controller II

Certified Budget Available Funds Available in the amount of: 2,000,000.00

JOSE A. MONES

EDWARD Q. ESPIRITU

Fiscal Controller III

FC IV / FMS Chief

Year in the COB

2023

Expense Code

5029901002 0004

Amount

P28,750.00

Remarks

PAID TIER 2

Conforme

CATHERINE M. DUREG

Date: 8/31/23

Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

AUG 14 2023

Date

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

AUG 31 2023

RECEIVED BY