

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: WEST LOCH PARK HOTEL
Address: Maharlika Highway, Sto. Domingo, Ilocos Sur
Tel. Fax No.: 0917-8765492
Supplier Registered with: 268-427-665-000 V

PO No. 2023-115

Date: 9/6/2023

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement

Lease of Privately-Owned Vehicle

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
28	pax	AM Snacks		180.00	5,040.00
28	pax	Lunch		390.00	10,920.00
28	pax	PM Snacks		180.00	5,040.00
		Inclusive of Venue			
		xxxxxx Nothing Follows xxxxx			
			TOTAL		21,000.00
		Less: VAT (5%/1.12)			937.50
		EWT (1%/1.12)			187.50
		PR No. 23-0719-0227 (5029901002)			
		PURPOSE: Conduct of Orientation on Konsulta Package with the Government Hospitals of Ilocos Sur			
			TOTAL - NET		19,875.00

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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

BY THE AUTHORITY OF THE
9/10/23 MSD CHIEF
CHESTER JOSEPH C. CANDIDO
ASST. HEAD

Certified Budget Available: Funds Available in the amount of: 21,000.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the COB

Expense Code

Budget

Remarks

Conformer:

KREYFEL B. BAPTISTA

Date: 09/08/23

Signature over Printed Name and Position of Authorized Representative

APPROVED

By: MARIAN M. ARZADON, M.D.
MONITORING BOARD
DIO-ORUP

DENNIS B. ADRE

Regional Vice President, PROI

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

SEP 11 2023

RECEIVED BY: [Signature]