

PURCHASE ORDER

OFFICE DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: VISTA DE LAS ISLAS HOTEL AND RESTAURANT

Address: Brgy. Lucap, Alaminos City, Pangasinan

Tel.Fax No.: 09506923768

Supplier Registered with: 940-197-616-000 V

PO No. 2023-124 *A*

Date: 09/25/2023

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-

Lease of Privately Owned

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	57	pax	AM Snacks	150.00	8,550.00
	57	pax	Lunch	250.00	14,250.00
			xxxxxxxxxxxxx: xxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	22,800.00
			Less: VAT (5%/1.12)		1,017.86
			EWT (1%/1.12)		203.57
			PR No. 23-0721-0229 (5029901002)		
			PURPOSE: For the Alaga Ka-PRO 1 Group Enrollment Program (GEP) Activity of LHIO Alaminos	TOTAL	21,578.57

Terms & Conditions:

1. 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.**
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. 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.
4. 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.
5. 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.**
6. 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,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 77800

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the COB: 2023

Expense Code: 502010W02 | Step 4

Budget: \$22,800.00

Remarks: PAU

Conforme:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

by: *my*
MARICAR M. ARZADON, M.D.
MO VII / Chief, ECEND
oic - onrp

Date _____

