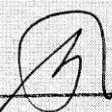


COMMISSION ON AUDIT
 AUDIT TEAM R1-04 (PHIC Group)

 OCT 09 2023 10:00 AM P. 006
 RECEIVED BY: 
 PO No. 2023-126

PURCHASE ORDER

OFFICE DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LA JENNS HOTEL AND RESTO GRILL
 Address: Boquig, Bantay, Ilocos Sur
 Tel.Fax No.: (077) 632-0795
 Supplier Registered with: 930-801-532-002 V

Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
 Lease of Privately Owned
 Venue

Please deliver to this office within/on September 28, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	73	pax	PM Snacks	100.00	7,300.00
			Inclusive of Venue		
			XXXXXXXXXXXXX XXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)		325.89
			PR No. 23-0908-0252 (029901002)		
			PURPOSE: For the Alag Ka Activity to LGU Point Persons in the Province of Ilocos Sur		
			TOTAL		7,300.00
			TOTAL		6,974.11

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, 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 function 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 - 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 / MSC Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>7,300.00</u> JOSE A. BRONES Fiscal Controller III EDWARD Q. ESPIRITU FC IV / FMS Chief With in the COB: <u>2023</u> Expense Code: <u>5029010002 / STD 4</u> Budget: <u>PR-CAD-ID</u> Remarks: <u>DAU</u>	APPROVED: DENNIS B. ADRE Regional Vice President, PRO 1 By:  MARICAR M. ARZADON, M.D. MO VII / Chief, NCCAD OIC-ORVP Date: _____
Conforms:  <u>VENO J. P. P. / General Manager</u> 09/26/23 Signature over Printed Name and Position of Authorized Representative	

SEP 25 2023