

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JANPAC REALTY AND DEVELOPMENT

PO No. 2023-131

Address: San Fernando, La Union

Date: 10/3/2023

Tel. Fax No.:

Terms of Payment: Charge

Supplier Registered with: 609-043-486-001 V

Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within/on October 13, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	50	pax	Meals (Snacks and Lunch)	500.00	25,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			<b>TOTAL</b>		<b>25,000.00</b>
			Less: VAT (5%/1.12)		1,118.07
			EW (1%/1.12)		223.21
			PR No. 2: 0926-0284 (5029901002)		
			PURPOSE: For Conduct of Konsulta Orientation for OFWs of LHIO La Union		
			<b>TOTAL</b>		<b>23,660.72</b>

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 shall 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 - 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: <u>25,000.00</u> JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU FC IV / FVS Chief With in the CGS: <u>04703</u> Expense Code: <u>5029901002</u> Budget: <u>25,000.00</u> Remarks: <u>HC 5029901002</u>		APPROVED:  DENNIS B. ADRE Regional Vice President, PRO1 OCT 04 2023 Date
Conforme:  Signature over Printed Name and Position of Authorized Representative		

