

## PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: THE BREAD HOUSE CAFE AND BAKERY INC.  
Address: Unit 102 RVT Bldg. De Venecia Highway, Lucao District, Dagupan City, Pangasinan  
Tel.Fax No.: 0946-8261062/ 0918-7687952  
Supplier Registered with: 480-306-452-000 V

**PO No. 2023-133**

Date: 10/10/2023

**Terms of Payment: Charge**

**Mode of Procurement:** Negotiated Procurement-  
Lease of Privately Owned

Please deliver to this office within/on October 12, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	187	pax	AM Snack & PM Snack	200.00	37,400.00
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	<b>TOTAL</b>	<b>37,400.00</b>
			<b>Less: VAT (5%/1.12)</b>		1,669.64
			<b>EWT (1%/1.12)</b>		333.93
			<b>PR No. 23-0918-0264 (5029901002)</b>		
			<b>PURPOSE: For the conduct of Alaga Ka-Employers/PEERs Forum of Collection Section</b>	<b>TOTAL</b>	<b>35,396.43</b>

**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.

By the Authority of the **BUDGET OFFICER**  
**MARIMEL C. BRAVO**  
 Fiscal Controller II

Very truly yours,

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 37,400.00

**JOSE A. MONES**

Fiscal Controller III

EDWARD Q. ESPIRITU

FC IV / FMS Chief

BY THE AUTHORITY OF THE FNS CHIEF

AYKIM P. AQUINO  
FCII

With in the COB:

Expense Code:

**Budget:**

Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

OCT 06 2023

Date \_\_\_\_\_

