

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **LET'S EAT LAH FOOD HOUSE**

PO No. **2023-135**

Address: **Ambonao, Calasiao, Pangasinan**

Date: **10/11/2023**

Tel.Fax No.: **075-653-4661/0999-8891416**

Terms of Payment: **Charge**

Supplier Registered with: **100-088-599-000 NV**

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

Please deliver to this office within/on **October 17, 2023** from receipt hereof the following:

Venue

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	43	pax	AM Snack	100.00	4,300.00
	43	pax	Lunch	270.00	11,610.00
			xxxxxx Nothing Follows xxxxx	TOTAL	15,910.00
			Less: NVAT (3%)		477.30
			EWI (1%)		159.10
			PR No. 23-0922-0276 (5029901002)		
			PURPOSE: For the conduct of Alaga Ka-PRO 1 Group Enrollment Program (GEP) of LHIO Central Pangasinan	TOTAL - NET	15,273.60

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.

BY THE AUTHORITY OF
AYKIM P. AQUINO
FCS

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 15,910.00		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	DENNIS B. ADRE Regional Vice President, PRO1 OCT 13 2023 JOSEPHINE O. QUITON Division Chief - PRO OCT 13 2023
By the Authority of the FMS Chief JOSE A. MONES Fiscal Controller III		
With in the COB: 2023		
Expense Code: 5029901002		
Budget: 15,910.00		
Remarks: Paid		
Conforme: MYRNA K. ONG Date: 10/17/23		
Signature over Printed Name and Position of Authorized Representative		

