



PURCHASE ORDER

POMM-P-006

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.: 0920-3575629
Supplier Registered with: 480-306-452-000 V

PO No. 2023-136

Date: 10/11/2023

Terms of Payment: Charge

Mode of Procurement:	Negotiated Procurement- Lease of Privately Owned
Following:	Venue

Please deliver to this office within/on October 20, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	250	pax	Meals (1 snack AM and 1 snack PM)	200.00	50,000.00
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	50,000.00
			Less: VAT (5%/1.12)		2,232.14
			EWT (1%/1.12)		446.43
			PR No. 23-0922-0277 (5029901002)		
			PURPOSE: For the conduct of Alaga Ka-Employers/PhilHealth Employer Engagement Representative (PEERs) Forum of LHIO Central Pangasinan	TOTAL	47,321.43

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 function of their 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

THE BUDGET OFFICIAL

THE AUTHORITY OF

KIM P. AQUINO

Certified Budget Available:

Certified Budget Available: Funds Available in the amount of: 50,000.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
EC IV / FMS Chief

by the Authority of the FMS Chief
JOSE A. MONES
Fiscal Controller III

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

By:

JOSEPHINE O. QUITON
Division Chief- FORD
DIC-ORVP
Date

OCT 13 2023

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



OCT 19 2023

RECEIVED BY: