



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **DAGUPAN VILLAGE HOTEL**
Address: **Lucao District, Dagupan City, Pangasinan**
Tel.Fax No.: **09605295396**
Supplier Registered with: **932-092-789-00000 V**

PO No. 2023-141

Date: 10/13/2023

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Lease of Privately Owned

Please deliver to this office within/on October 18, 2023 from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|--|--------------|------------------|
| | 54 | pax | Meals (AM & PM Snacks and Lunch) | 750.00 | 40,500.00 |
| | | | Including Venue | | |
| | | | xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx | TOTAL | 40,500.00 |
| | | | Less: VAT (5%/1.12) | | 1,808.04 |
| | | | EWT (1%/1.12) | | 361.61 |
| | | | PR No. 23-0926-0283 (5029999005) | | |
| | | | PURPOSE: For the conduct of Administrative Officer (AO) Designates and Official Canvassers Forum | TOTAL | 38,330.35 |

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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

| | | |
|--|---|--|
| Certified Budget Available: | Funds Available in the amount of: <u>\$0.00</u> | APPROVED: DENNIS B. ADRE Regional Vice President, PRO1 <i>By ?</i> JOSEPHINE O. QUINTON Division Chief - (FOD) <i>01-17-23</i> Date |
| JOSE A. MONES Fiscal Controller III | EDWARD Q. ESPIRITU FC IV / FMS Chief | |
| With in the COB: <u>2023</u> | | |
| Expense Code: <u>50299999999999999999</u> | | |
| Budget: <u>\$40,500.00</u> | | |
| Remarks: <u>Amort</u> | | |
| Conforme: _____ <i>[Signature]</i> Signature over Printed Name and Position of Authorized Representative | | |

