



PURCHASE ORDER

POMM-P- 006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **DAGUPAN VILLAGE HOTEL**

Address: Lucao District, Dagupan City, Pangasinan

Tel.Fax No.: 075-523-3801

Supplier Registered with: 932-092-789-00000 V

PO No. 2023-142

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 19, 2023 from receipt hereof the following:

Please deliver to this office within/on October 19, 2023 from receipt hereof the following:					
No.	QTY	UNIT	ITEM DESCRIPTION	Venue UNIT PRICE	TOTAL AMOUNT
	49	pax	Meals (AM & PM Snacks and Lunch)	745.00	36,505.00
			Including Venue		
			xxxxxxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	TOTAL	36,505.00
			EWT (1%/1.12)		1,629.69
			PR No. 23-0926-0285 (5029999005)		325.94
			PURPOSE: For the conduct of FMS Forum on Processing of Financial Transactions	TOTAL	34,549.37

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

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 976,505

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

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

JOSEPHINE O. QUITON

Division Director

Date _____

