

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_153
Date: 10/17/2023
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Lease of Privately Owned Venue

Please deliver to this office within/on October 27, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	48	pax	Meals (AM & PM Snacks and Lunch)	745.00	35,760.00
			Including Venue		
			xxxx Nothing Follows xxxx	TOTAL	35,760.00
			Less: VAT (5%/1.12)		1,596.43
			EWT (1%/1.12)		319.29
			PR No. 23-0925-0282 (5029999005)		
			PURPOSE: For the Conduct of Human Resource (HR) Forum	TOTAL - NET	33,844.28

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} OFFICIAL
AYKIMP. AQUINO 10/18/2023
FC II

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>35,760.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	By the Authority of the FMS Chief: JOSE A. MONES Fiscal Controller III 10/18/27
With in the COB: <u>2023</u>	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: <u>5029999005</u>	OCT 18 2023
Budget: <u>35,760.00</u>	Date
Remarks: <u>AG/603</u>	
Conforme: <u>[Signature]</u>	
Signature over Printed Name and Position of Authorized Representative	

