

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **SANFORD MARKETING CORPORATION**

Address: **Laoag City, Ilocos Norte**

Tel./Fax No.: **771-5828**

Supplier Registered with: **207-961-175-00000 V**

PO No. **2023 186**

Date: **12/5/2023**

Terms of Payment: **COD**

Made of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within 10 days from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|-------|--|------------|--------------|
| | 70 | packs | 3 in 1 Coffee (by 10s) | 92.50 | 6,475.00 |
| | 120 | packs | Assorted Candies 50s | 44.50 | 5,340.00 |
| | 120 | packs | Assorted Biscuits 10s | 62.50 | 7,500.00 |
| | 50 | packs | Disposable Cups 50s | 85.75 | 4,287.50 |
| | | | XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX | | |
| | | | Less: | | |
| | | | WAT (5%/1.12) | | 1,053.68 |
| | | | EWT (1%/1.12) | | 210.74 |
| | | | PR No. 23-1129-0346 (5029901002) | | |
| | | | PURPOSE: Customer Delight for July to December 2023 of LHIO Ilocos Norte | | |
| | | | TOTAL - NET | | 22,338.08 |

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.

Very truly yours,

By the authority of the MSD Chief

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

SALEY S. GOMEZ
Jr. MD, Acting Assistant

| | | |
|---|--|--|
| Certified Budget Available: | Funds Available in the amount of: 22,338.08 | APPROVED: DEC 07 2023 |
| JACK MONES Fiscal Controller III | EDWARD O. ESPIRITU FC IV / FMS Chief | MARICAR M. ARZADON, MD MO VII, HCDMD Chief OIC, Office of the RVP |
| With in the COB: 2023 | | DENNIS B. ADRE Regional Vice President, PRO1 |
| Expense Code: 5029901002 / 5004 | | |
| Budget: 22,338.08 | | |
| Remarks: TEPS | | |
| Conforme | | |
| APRIL JOY BAYANOG CUPKUNDE Date: 12/12/23 | | |
| Signature over Printed Name and Position of Authorized Representative | | Date |

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



DEC 13 2023

RECEIVED BY: