

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ALAD BAR & RESORT
Address: Naguilian, Caoayan, Ilocos Sur
Tel/Fax No.: 0917-5432548
Supplier Registered with: 922-445-782-000 V

PO No. 2023-187

Date: 12/6/2023

Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within/on December 12, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	80	pax	AM Snacks	200.00	16,000.00
	80	pax	Lunch	350.00	28,000.00
	80	pax	PM Snacks	200.00	16,000.00
			xxxxxx Nothing Follows xxxxx	TOTAL	60,000.00
			Less: VAT (5%/1.12)		2,678.57
			EWI (1%/1.12)		535.71
			PR No. 23-1128-0343 (5029901002)		
			PURPOSE: MOA signing and Inauguration of the new LHIO Ilocos Sur Office	TOTAL - NET	56,785.72

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,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of 60,000.00

JOSE A. MONES
Fiscal Controller III

EDWARD O. ESPIRITU
EC IV / FMS Chief

With in the COB: 2023
Expense Code: 5029901002 / SUB 4
Budget: P 60,000.00
Remarks: PAL

Conforme:

GEMALYN R. ARZADON

Date: 12-11-2023

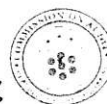
Signature over Printed Name and Position of Authorized Representative

APPROVED

DEC 07 2023

MARICAR M. ARZADON, MD
MO VII, HCDMD Chief
OIC, Office of the RVP

COMMISSION ON AUDIT DENNIS B. ADRE
AUDIT TEAM R1-04 (PHIC Group) Vice President, PRO1



DEC 19 2023

RECEIVED BY:

Date