

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SARITA RESIDENCES AND LEISURE MANAGEMENT CORPORATION  
Address: Laoag City, Ilocos Norte  
Tel./Fax No.: 0917-7700520  
Supplier Registered with: 010-386-012-000 V

PO No. 2023\_193  
Date: 12/18/2023  
Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement -  
Lease of Privately-Owned Venue

Please deliver to this office within/on Dec. 20, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	30	pax	1 Snack and 1 Meal XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXX	400.00	12,000.00
			Less:		
			VAT (5%/1.12)		535.71
			EWT (1%/1.12)		107.14
			PR No. 23-1128-0345 (5029901002)		
			PURPOSE: Conduct of Accredited Collecting Agents (ACAs) Forum of LHIO		
			Ilocos Norte	TOTAL - NET	11,357.15

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 "Alteration 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: <u>12,000</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	DENNIS B. ADRE Regional Vice President, PROI
With in the CDB: <u>2023</u>	By: <u>My</u> <b>DEC</b>
Expense Code: <u>5029901002 / 15064</u>	MARICAR M. ARZADON, M.D.
Budget: <u>P 12,000.00</u>	MOVI / CHIEF, SCEND
Remarks: <u>Ph</u>	016 - OLUP
Conforme: <u>[Signature]</u> Date: <u>12/19/2023</u>	Date
Signature over Print: Name and Position of Authorized Representative	

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



DEC 21 2023

RECEIVED BY: [Signature]