

PURCHASE ORDER

OFFICE/DEPARTMENT: CALAMBA LHIO

Supplier: **LACARMEI CANTEEN**
Address: **301 Ipil Ipil St. Lakeview Subd., Bucal Calamba City, Laguna**
Tel/Fax No.: **09175096593**
Supplier Registered with: **DTI 2037374**

PO No. **2023-04-042**
Date: **25-May-23**

Terms of Payment: **on account**
Mode of Procurement: **NPSV**

Please deliver to this office on **June 8, 15, 20, 22, 27 & 29, 2023** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	200	pax	AM Snacks: Spaghetti and 240 ml bottled flavored drink Lunch: Rice, 2 viands, dessert and 240 ml bottled flavored drink PM Snacks: Sandwich and 240 ml bottled flavored drink To be delivered in 6 batches: Batch 1- June 8, 2023- 30 pax Batch 2- June 15, 2023- 30 pax Batch 3- June 20, 2023- 30 pax Batch 4- June 22, 2023- 50 pax Batch 5- June 27, 2023- 30 pax Batch 6- June 29, 2023- 30 pax	500.00	100,000.00
					100,000.00
			Less Taxes: 1% VAT	1,000.00	
			1% EWT	1,000.00	2,000.00
			TOTAL AMOUNT		98,000.00
			Purchase Request No: 2023-01-055		
			Date: 17-Apr-23		

Terms & Conditions:

- PhilHealth shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages.
- If the date of receipt of the Purchase Order / PO by the supplier is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or email.
- Delivery of the above item(s) shall be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised to inform Procurement Section atleast two (2) days before the delivery. All item(s) shall be delivered and accepted by the Property and Supply Unit at PhilHealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City.
- Delivery Receipt and Sales Invoice shall be required to one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical 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 which 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.

Very truly yours,

BENJIE A. CUVINAR
Division Chief IV, MSD

Certified Budget Available:	Funds Available in the amount of:	100,000.00	APPROVED:
MA. PAMELA B. LEYNES Fiscal Controller II With in the COB: 2023-COB Expense Code: 5 02 99 010 02 Budget: 100,000.00 Remarks:	ARON R. RIANO Fiscal Controller IV	DANILO M. REYNES, MD, MPA RVP, PRO IVA	
Conforms: AMELITA C. ABRIGO Signature over Printed Name and Position of Authorized Representative		Received Copy of PO: 05/31/2023 Date	