

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LET'S EAT LAH FOOD HOUSE

Address: Ambonao, Calasiao, Pangasinan

Tel.Fax No.: 075-523-0828

Supplier Registered with: 100-088-599-000 NV

PO No. 2024_320

Date: 12/17/2024

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office on December 19, 2024 from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|--|-------------|--------------|
| 1 | 42 | pax | AM, PM Snacks and Lunch | 750.00 | 31,500.00 |
| | | | xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx | | |
| | | | TOTAL | | 31,500.00 |
| | | | VAT (3%) | | 945.00 |
| | | | EWT (1%) | | 315.00 |
| | | | PR No. 24-1009-0427 (5029999005) | | |
| | | | PURPOSE: For the conduct of Information Caravan II for FOD personnel | TOTAL - NET | 30,240.00 |

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 thier 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.

BY THE AUTHORITY OF THE
MARIMEL C. BRAVO
FISCAL CONTROLLER III

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

| | | |
|--|---|---|
| Certified Budget Available: | Funds Available in the amount of: | APPROVED: |
| JOSE A. MONES Fiscal Controller III | EDWARD Q. ESPIRITU FC IV / FMS Chief | |
| With in the COB: | 12.17.24 | |
| Expense Code: | 5029999005 | |
| Bdget: | 31,500 | |
| Remarks: | PAU/STOB 7 | |
| Conforme: | | |
| | MYRNA M. ONG Date: 12-19-2024 | |
| | Signature over Printed Name and Position of Authorized Representative | |
| | | DENNIS B. ADRE Regional Vice President, PRO1 |
| | | DEC 17 2024 |
| | | Date |

