

PURCHASE ORDER

OFFICE DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: SEQUOIA CULINARY VENTURES INC. PO No. 2024_330
Address: Barangay 1, San Nicolas, Ilocos Norte Date: 12/19/2024
Tel./Fax No.: _____ Terms of Payment: Charge
Supplier Registered with: 006-199-230-000 V Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office on December 23, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
				750.00	15,750.00
1	21	BOX	AM, PM Snacks & Lunch		
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
				TOTAL	15,750.00
			VAT (5%/1.12)		703.13
			EWT (1%/1.12)		140.63
			PR No. 24-1210-0504 (5029918003)		
			PURPOSE: For PRO 1 Year End Activity		
			TOTAL - NET		14,906.24

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 specified on 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

MARIMEL C. BRAVO

FISCAL CONTROLLER

JOSE A. MONES
Fiscal Controller III

Signature of COB
Signature Code
Budget
Remarks

Funds Available in the amount of: 15,750.00

EDWARD Q. ESPIRITU
EC IV / EMS Chief

2024

5029918003

1230

405 Support / Stab 7

Conforme

CATHARINE M. DURAN Date: 12-23-24
Signature over Printed Name and Position of Authorized Representative

CYNTHIA A. SANTOS
Division Chief / MSD Unit

APPROVED:

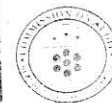
DENNIS B. ADRE

Regional Vice President, PRO

DEC 20 2024

Date

COMMISSION ON AUDIT
AUDIT TEAM R1-24 (PHIC Group)



JAN 02 2025

RECEIVED BY: ay