

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **PRECIOUS FEM'S CATERING SERVICES**

Address: **San Vicente, Alaminos City, Pangasinan**

Tel/Fax No.: **0920-9113657**

Supplier Registered with: **464-039-642-001 V**

PO No. **2024_336**

Date: **12/26/2024**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within/on December 27, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	30	pax	Lunch		
			xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	320.00	9,600.00
			VAT (5%/1.12)		9,600.00
			EWI (1%/1.12)		428.57
			PR No. 24-1223-0515 (5029999002)		85.71
			PURPOSE: For LHIO WP GAD Activity		
			TOTAL - NET		9,085.72

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 "Restoration 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.

BY THE AUTHORITY OF THE BUDGET OFFICER.

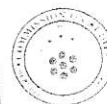
WYKIM P. AQUINO
FCR

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>9,600.00</u>
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief
With in the COB:	<u>Wm</u>
Expense Code:	<u>5029999002</u>
Budget:	<u>9600</u>
Remarks:	<u>No support 1/10/27</u>
Conforme:	<u>12/27/24</u>
Signature over Printed Name and Position of Authorized Representative	
APPROVED:	
DENNIS B. ADRE Regional Vice President, PRO1	
DEC 26 2024	
Date	

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



JAN 02 2025

RECEIVED BY: ad