

PURCHASE ORDER

OFFICE/DEPARTMENT ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JEREKO'S CATERING
Address: AB Fernandez East, Mayombo District, Dagupan City
Tel.Fax No.: 0906-2300380
Supplier Registered with: 266-409-578-000 V

PO No. 2024_026

Date: 03/13/2024

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within/on April 12, 2024 from receipt hereof the following:

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	300	pax	Meals (for KP Beneficiaries)	200.00	60,000.00
	40	pax	AM & PM Snacks and Lunch (for MHO/RHU Personnel, PhilHealth Officers and Personnel)	600.00	24,000.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:		
			VAT (5%/1.12)		3,750.00
			EWI (1%/1.12)		750.00
			PR No. 24-0226-0099 (5029901002)		
			PURPOSE: For Kinsale Caravan Activity of LHO Eastern Pangasinan of Skon, Pangasinan Studio		
			TOTAL - NET		79,500.00

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 "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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSO Chief

Confirmed Budget Available	Fund Available in the amount of <u>84,440.00</u>	APPROVED
JOBIE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	DENNIS B. ADRE Regional Vice President, PRO1
With in the CDB	<u>2024</u>	MAR 14 2024
Expense Code	<u>5029901002 / 5029901002</u>	MARLENE D. SOLIBA, MD MS IV, AQAS Head
Budget	<u>84,440.00</u>	
Remarks	<u>NO SUPPORT</u>	
Conforme	<u>IRISAN</u>	
IBASAN, IRISAN NICOLE M. Date: <u>MARCH 13, 2024</u>		
Signature over Printed Name and Position of Authorized Representative		

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



MAR 18 2024

RECEIVED BY:

ELA