

PURCHASE ORDER

Supplier: **NEW BATALLA FOOD HAUZ**
Address: **Santiago Norte City of San Fernando La Union**
Tel/Fax No.: **09287448404**
Supplier Registered with: **446-880-130-004 NV**

PO No. **2024_125**Date: **5/31/2024**Terms of Payment: **Charge**Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**Please deliver to this office on **June 7, 2024** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	250	pax	AM Snacks & Lunch	350.00	87,500.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXX		
			Less:		
			NVAT (3%)		2,625.00
			EWI (1%)		875.00
			PR No. 24-0522-0253 (5029901002)		
			PURPOSE: Konsulta Service Delivery Caravan/Primary Care Social Mobilization Campaign For LHO La Union		
			TOTAL - NET		84,000.00

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 "Restatement 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, association, or institution, 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. SANIGES
Division Chief / MSO Chair

By the authority of HHSDO/MSO:
SALVAT S. GOMEZ
HHSO II, Acting
MS

Budget Available: 87,500.00Funds Available in the amount of: 87,500.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPRITU
FC IV / FMS Chief

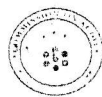
APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

Signature: EDWIN D. BATALLA Date: 6/11/2024
Printed Name and Position of Authorized Representative

Date

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

JUN 10 2024

RECEIVED BY: adPhilHealth
PhilHealth

Mon Jun 10, 2024