

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SAFHOU SIZZLING HUB
Address: Poblacion West, Asingan, Pangasinan
Tel/Fax No.: 0995-1482726
Supplier Registered with: 401-192-603-000 NV

PO No. 2024_126
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
1	251	pax	Meals -snacks for KP beneficiaries	250.00	62,750.00
2	35	pax	Meals - AM/PM Snacks and Lunch for Accredited KPP and Philhealth personnel	600.00	21,000.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:		
			NVAT (3%)		2,512.50
			EWV (1%)		837.50
			PR No. 24-0527-0264 (5029901002)		
			PURPOSE: For PhilHealth Konsulta Caravan Activity of LHIO Eastern Pangasinan to KP Beneficiaries -PDI in BJMP, Balungao, Pangasinan		
			TOTAL - NET		80,400.00

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 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,

By the Authority of the PO
CYNTHIA S. SANTOS
Division Chief IV / MS
SALVADOR S. GOMEZ
MUNICIPAL CHIEF

Funds Available in the amount of <u>83,750.00</u>		APPROVED
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	DENNIS B. ADRE Regional Vice President, PHC1
With the LGS <u>2024</u>		JUN 03 2024
Expenditure <u>5029901002 / 1000.00</u>		
Budget <u>83,750.00</u>		Date
Remarks <u>HO SUPPORT</u>		
Conforme <u>VIFF VIFF TO CARTAS</u> Date: <u>June 6, 2024</u>		
Signature over Printed Name and Position of Authorized Representative		

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



JUN 10 2024

RECEIVED BY: ad