

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: MANEL CATERING SERVICES

Address: Santiago Norte, City of San Fernando La Union

Tel/Fax No.: 09497674883

Supplier Registered with: 640-259-155-000 NV

PO No. 2024 127

Date: 6/3/2024

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement -
Small Value Procurement

Please deliver to this office on June 18-19, 2024, from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	100	pax	AM Snacks, Lunch, Day 1	95.00	9,500.00
2	100	pax	AM Snacks, Lunch, Day 2	97.00	9,700.00
			XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:	TOTAL	19,200.00
			NVAT (3%)		576.00
			EWI (1%)		192.00
			PR No. 24-0507-0223; 24-0226-0097 (5029901002)		
			PURPOSE: Conduct of Konsulta Asisted Batch Registration for Senior Citizens In Agao La Union & LHIO La Union	TOTAL - NET	18,432.00

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 incorporated 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

Certified Budget Available: Funds Available in the amount of: 19,200.00	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief
With in the COB: 2024	DENNIS B. ADRE Regional Vice President, PRO1
Expenditure Code: 50299001 / 50299012	By: MARLENE O. SOLIBA, MD MS IV - ABAS HEAD OSC - ORUP JUN 04 2024
Budget: P 19,200.00	Date: JUN 04 2024
Remarks: No support	
Conformed: A. ZAMPAGA ALMADIEC. ZAMPAGA Signature over Printed Name and Position of Authorized Representative	

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



JUN 19 2024

RECEIVED BY: