

PURCHASE ORDER
OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JANPAC REALTY AND DEVELOPMENT
Address: San Fernando City, La Union
Tel/Fax No.: 0999-7107412
Supplier Registered with: 609-043-486-001 V

PO No. 2024 129
Date: 6/4/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned
Venue

Please deliver to this office on June 14, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	40	pax	AM Snacks, Lunch xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx	400.00	16,000.00
			Less:		
			VAT (5%/1.12)		714.29
			EWT (1%/1.12)		142.86
			PR No. 24-0226-0095 (5029901002)		
			PURPOSE: Conduct of Konsulta Assisted Batch Registration for Group Enrollment Program (GEP) members in LHIO La Union		
			TOTAL - NET		15,142.85

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 thier 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 workine days on or before the date stipulated in the PO

By the authority of the MSD Chief:

SALLY S. GOMEZ
HRMO III/Acting ASS Chief

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 16,000.00	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
Expense Code: 302401002 / (MSB 12)	By: MARLENE D. SOLIBA, MD MS IV - ARMS HEAD
Budget: P16,000.00	JUN 05 2024
Remarks: HIO SUPPORT	Date
Conformer: Vagilyn Tumbaga Signature over Printed Name and Position of Authorized Representative	Date

