

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **PRECIOUS FEM'S CATERING SERVICES**
Address: **San Vicente, Alaminos City, Pangasinan**
Tel. Fax No.: **0920-9119657**
Supplier Registered with: **464-039-642-001 V**

PO No. **2024_130**

Date: **6/6/2024**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	25	packs	Crackers, 10 pcs./ pack	70.00	1,750.00
2	250	pcs.	Coffee	10.00	2,500.00
3	250	pcs.	Juice, assorted	9.00	2,250.00
4	52	packs	Candies, assorted	48.00	2,496.00
5	10	packs	Cups, for drinking water	32.00	320.00
6	5	packs	Cups, for coffee	42.00	210.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:		
			VAT (5%/1.12)		425.27
			PR No. 24-0623-0272 (5029901002)		
			PURPOSE: Customer Delights of LHIO Western Pangasinan for the second (2nd) Qtr. of 2024		
			TOTAL		9,526.00
			TOAL - NET		9,100.73

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. 0012-2015 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.

By the authority of the MSD Chief:

SALLY S. GOMEZ

HRMO III/Acting AS5 Chief

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available	Funds Available in the amount of: <u>9,526.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU EC IV / FMS Chief	DENNIS B. ADRE Regional Vice President, PRO1
Auth in the COB: <u>ADRE</u>		
Exemptions Code: <u>5029901002</u>		
Order: <u>PR 24-0623-0272</u>		
Remarks: <u>As per PO</u>		
Conformer:		MARLENE D. SOLIBA, MD MS IV - ASAS HEAD
Signature over Printed Name and Position of Authorized Representative	Date: <u>6-7-24</u>	Date

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



JUN 24 2024

RECEIVED BY: ay