

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

Supplier: **ALAD BAR & RESORT**

Address: **Naguilam, Cagayan, Ilocos Sur**

Tel/Fax No.: **09175432548 (Geraldyn R. Quedado)**

Supplier Registered with: **922-445-782-000 V**

PO No. **2024-178**

Date: **7/23/2024**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement**

Small Value Procurement

Please deliver to this office on August 2, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
2	EC	BOX	AM Snacks & Lunch	470.00	18,800.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXX		
			Loss		
			VAT (5%/1.12)		839.29
			EWV (15%/1.12)		167.86
			PR No. 24-0712-0318 (5029901003)		
			PURPOSE: Conduct of Konsumo Assisted Batch Registration for all OIT users and Special Laws in the Province of Ilocos Sur		
			TOTAL - NET		17,792.85

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 undersigned parties undertake to comply with Office Order No. 2002-003 entitled "Prohibition of PhilHealth for Gift Policy (Version 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 5:00AM to 5:00PM on working days on or before the date stipulated in the PO.

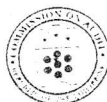
Very truly yours,

CYNTHIA A. SANTOS
Division Chief IV / MCO Chief

By the authority of the MCO Chief:
CHESTER C. SANTOS
ADIC

Budget Available: Funds available in the amount of 18,800.00		APPROVED:	
JOSE A. ANONES Fiscal Officer III	EDWARD Q. ESPINOSA IC IV / TMS Chief	DENNIS B. ADRE Regional Vice President, PHIC	
Who is the CDO: JOSE	Expense Code: 33000001/0002		
Target: P. 18,800.00	Remarks: NO SUPPORT	By TX JUL 24 2024	
Signature over Printed Name and Position of Authorized Representative: Geraldyn R. Quedado July 30, 2024		By RICARDO M. ARZADON, M.D. MD VII / UNIL. PCLAL DIC-OPAL Date	

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



JUL 30 2024

RECEIVED BY: