

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

Supplier: ALAD BAR & RESORT PO No. 2024-186
Address: Naguilian, Cagayan, Ilocos Sur Date: 8/5/2024
Tel/Fax No.: 09175432548 (Geraldyn R. Quedado) Terms of Payment: Charge
Supplier Registered with: 922-445-782-000 V Mode of Procurement: Negotiated Procurement
Small Value Procurement

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

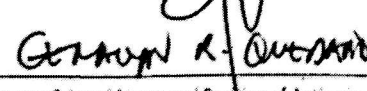
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	250	pax	AM Snacks	150.00	37,500.00
2	50	pax	Lunch	400.00	20,000.00
			XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:		
			VAT (5%/1.12)		2,566.96
			EWT (1%/1.12)		513.39
			PR No. 24-0522-0248 (5029901002)		
			PURPOSE: Conduct of Konsulta Service Delivery Caravan/Primary Care Social Mobilization and Marketing Campaign (PCSMAC) in the Province of Ilocos Sur		
			TOTAL - NET		54,419.65

Terms & Conditions:

1. 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.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. 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.
4. 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.
5. 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.
6. 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 / MSD Chief

Budget Available: Funds available in the amount of: <u>57,500.00</u>		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	
With in the COB: <u>2024</u>		DENNIS B. ADRE Regional Vice President, PRO
Expense Code: <u>5029901002 / 5029901002</u>		
Budget: <u>57,500.00</u>		By:  MARICAR A. ARZADON, M.D. MO VII / Chief HCEMD 010-0000
Remarks: <u>NO SUPPORT</u>		
Conformer:  Geraldyn R. Quedado Date: <u>8-12-24</u>		Date:
Signature over Printed Name and Position of Authorized Representative		

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
 AUG 12 2024
RECEIVED BY: 