

PURCHASE ORDER

OFFICE/DEPARTMENT ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SACRED HEART SAVINGS COOPERATIVE
 Address: Candon City, Ilocos Sur
 Tel./Fax No.: _____
 Supplier Registered with: 263-534-145-020 NV

PO No. 2024-193
 Date: 8/13/2024

Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
 Lease of Privately-Owned
 Venue

Please deliver to this office on August 15, 2024 from receipt hereof the following:

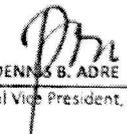
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	70	pax	AM Snacks	150.00	10,500.00
2	70	pax	Lunch	350.00	24,500.00
3	70	pax	PM Snacks	150.00	10,500.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:	TOTAL	45,500.00
			VAT (3%)		1,365.00
			EWT (1%)		455.00
			PR No. 24-0712-0317 (5029901002)		
			PURPOSE: Conduct of Alaga Ka Activity - Employers Forum: Empowering Newly Registered Private Employers in the 2nd District of Ilocos Sur of LHIO Ilocos Sur	TOTAL - NET	43,680.00

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 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.

Very truly yours,

Cynthia S. Santos
CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified Budget Available: _____ Fund Available in the amount of: <u>45,500.00</u>		APPROVED:  DENNIS B. ADRE Regional Vice President, PRO1
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	
With in the COB: <u>2024</u> Expense Code: <u>52440002 150002</u> Budget: <u>P 45,500.00</u> Remarks: <u>HO SUPPORT</u>		AUG 14 2024 Date
Conforms: <u>Jan Jay Egenio</u> Date: <u>8-15-24</u> Signature over Printed Name and Position of Authorized Representative		

