

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SARITA RESIDENCES AND LEISURE MANAGEMENT CORPORATION  
Address: Laoag City, Ilocos Norte  
Tel.Fax No.: 0917-7700520  
Supplier Registered with: 010-386-012-000 V

PO No. 2024 195

Date: 8/14/2024

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-

Lease of Privately-Owned

Venue

Please deliver to this office on August 20, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	24	pax	AM Snacks & Lunch xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx	400.00	9,600.00
			Less: VAT (5%/1.12) PR No. 24-0703-0306 (5029901002)	TOTAL	9,600.00 428.57
			PURPOSE: Conduct of Konsulta Assisted Batch Registration for Accredited Collecting Agents (ACAs) in Ilocos Norte	TOTAL - NET	9,171.43

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 working days on or before the date stipulated in the PO.

By the authority of the

Very truly yours,

SALLY S. GOMEZ  
Acting Asst Chief / HRMOA

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available Funds Available in the amount of: 9,600.00

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPIRITU  
FC IV / FMS Chief

With in the COB: 2024

Expense Code: 5029901002 5026 12

Budget: 9,600.00

Remarks: NO SUPPORT

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date: 8/19/24

APPROVED:

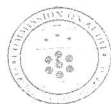
DENNIS B. ADRE

Regional Vice-President, PRO1

By: [Signature]  
MEDICAR M. ARZADON, M.D.  
MO VII / CHIEF, HCCEMD  
010-0000

Date

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



AUG 20 2024

RECEIVED BY: [Signature]