

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **LET'S EAT LAH FOOD HOUSE**  
Address: **Ambonao, Calasiao, Pangasinan**  
Tel.Fax No.:  
Supplier Registered with: **100-088-599-000 NV**

PO No. **2024\_198**  
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 23, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	34	pax	AM, PM Snacks & Lunch	750.00	25,500.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			Less:	TOTAL	25,500.00
			VAT (3%)		765.00
			EWT (1%)		255.00
			PR No. 24-0521-0245 (5029999005)		
			PURPOSE: Conduct of Membership Forum-Adoptoin of eKYC solution of Department of Information Communication Technology, Accomplishment Review on Standard Operation Procedure (SOP) Clean up Database - Inaccuracies, Handling and Workshop	TOTAL - NET	24,480.00

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 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,

Acting Ass Chief / HRMO HI  
**SALLY S. GOMEZ**

**CYNTHIA S. SANTOS**  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: **25,500.00**

**JOSE A. MONES**  
Fiscal Controller III  
**EDWARD Q. ESPIRITU**  
FC IV / FMS Chief

With in the COB: **2024**  
Expense Code: **5029999005 / 500.00**  
Bdget: **P 25,500.00**  
Remarks: **MEMREC**

Conforme:

Signature over Printed Name and Position of Authorized Representative

**MYRNA M. ONG** Date: **8/21/24**

APPROVED:

**DENNIS B. ADRE**

Regional Vice President, PRO1

**WATICAR M. ARZADON, M.D.**  
MO VII / Chief, HCMD  
**DIC-011P**

Date

**AUG 19 2024**

