

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **SAFHOUS SIZZLING HUB**  
Address: **Poblacion West, Asingan, Pangasinan**  
Tel.Fax No.: **0995-1482726**  
Supplier Registered with: **401-192-603-000 NV**

PO No. **2024 205**  
Date: **8/21/2024**  
Terms of Payment: **Charge**  
Mode of Procurement: **Negotiated Procurement**  
**Small Value Procurement**

Please deliver to this office on **September 27, 2024** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	80	pax	AM Snacks	125.00	10,000.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less:	TOTAL	10,000.00
			VAT (3%)		300.00
			EWI (1%)		100.00
			PR No. 24-0802-0338 (5029901002)		
			PURPOSE: Conduct of PhilHealth KONSULTA Assisted Batch Registration for Cooperative/Association Representatives in Eastern Pangasinan	TOTAL - NET	9,600.00

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**  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <b>10,000.00</b>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief
With in the COB: <b>07/20/24</b>	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: <b>5029901002</b>	
Bdget: <b>10,000.00</b>	
Remarks: <b>NO SURPLUS / STOPS IN</b>	
Conforme: <b>UNIT VICE P. CAPTAS</b> Date: <b>9/3/2024</b>	<b>MADICAN M. ARZADON, M.D.</b> MO VII / Chief, HCDMD <b>010-0000</b> Date
Signature over Printed Name and Position of Authorized Representative	

