

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **RICARDO'S DESSERT SHOP** PO No. **2024 213**
Address: **Agbayani Road, Poblacion, Laoac, Pangasinan** Date: **9/2/2024**
Tel./Fax No.: **9766115955** Terms of Payment: **Charge**
Supplier Registered with: **284-442-593-000 NV** Mode of Procurement: **Negotiated Procurement**
Small Value Procurement

Please deliver to this office on **September 18, 2024** days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	277	pax	AM Snacks	200.00	55,400.00
2	13	pax	PM Snacks	350.00	4,550.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXX		
			Less:		
			VAT (3%)		1,798.50
			EWT (1%)		597.50
			PR No. 24-0822-0364 (5029901002)		
			PURPOSE: For conduct of ALAGA KA Activity to Barangay Health Workers (BHW) of Villasis		
			TOTAL - NET		57,552.00

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

SEP 02 2024

Specified Budget Available: Funds Available in the amount of: 59,917.00	APPROVED:
JOSE A. MADRES Fiscal Controller III	EDWARD Q. ESPIRITU FCTV / FMS Chief
With a lot of COB: CY 2024	
Expense Code: 5029901002	
Sign: SEP 02	
Remarks: NO SUPPORT / 50299 14	
Conform to: SEP 04 2024	
Signature and Printed Name and Position of Authorized Representative: RICARDO S. DESSERT SHOP Date: 9/10/2024	
	DENNIS B. ADRE Regional Vice President, PRO1
	SEP 04 2024 Date

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



SEP 12 2024

RECEIVED BY: **Je**