

PURCHASE ORDER
OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

POMM-P-008

Supplier: ISLATEL REALTY AND DEVELOPMENT CORPORATION

Address: Brgy. Lucap, Alaminos City, Pangasinan

Tel/Fax No.: (075) 510-2850

Supplier Registered with: DIO-548-390-000 V

PO No. 2024_215

Date: 9/2/2024

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement
Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	300	BOX	AM Snacks	150.00	45,000.00
2	300	BOX	PM Snacks	300.00	90,000.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:		
			VAT (5%/1.12)		135,000.00
			EWI (1%/1.12)		6,026.79
			PR No. 24-0828-0370 (5029901002)		1,205.36
			PURPOSE: Consulta Delivery Caravan/Primary Care Social Mobilization and Marketing Campaign (PCSMMP)		
			TOTAL - NET		127,767.85

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 payments 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

SEP 02 2024

Certified Budget Available:	Funds Available in the amount of: 135,000.00
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU PC IV / FMS Chief
With in the COB:	CY 2024
Expense Code:	5029901002
Budget:	135,000.00
Remarks:	NO EXPENSE / CY 12
Conforms:	CHERRY ANN ABINGTA Signature over Printed Name and Position of Authorized Representative
Date:	9-11-2024
APPROVED:	DENNIS B. ADRE Regional Vice President, PRO1
Date:	SEP 04 2024

