

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION / GENERAL SERVICE UNIT

Supplier: ISLATEL REALTY AND DEVELOPMENT CORPORATION PO No. 2024_216
 Address: Brgy. Lucap, Alaminos City, Pangasinan Date: 9/4/2024
 Tel./Fax No.: (075) 510-2850 Terms of Payment: Charge
 Supplier Registered with: 010-546-390-000 V 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	pax	AM & PM Snacks, Lunch	600.00	180,000.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:		
			VAT (5%/1.12)		8,035.71
			EWT (1%/1.12)		1,607.14
			PR No. 24-0828-0373 (5029501002)		
			PURPOSE: Konsulta Delivery Caravan/Primary Care Social Mobilization and Marketing Campaign (PCSMMP) of Infanta, Pangasinan		
			TOTAL - NET		170,357.15


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,

[Signature]
CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Confirmed Budget Available: Funds Available in the amount of <u>180,000.00</u> JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU FC IV / FMS Chief With in the COB: <u>CY 2024</u> Expense Code: <u>5029501002</u> Adopt: <u>180,000</u> Remarks: <u>NO SUPPORT / 8/29/24</u>	APPROVED: <i>[Signature]</i> DENNIS B. ADRE Regional Vice President, PROJ SEP 04 2024 Date
Conforms: <i>[Signature]</i> CHERRY ADRIAN ABINGTA Date: <u>9-11-2024</u> Signature over Printed Name and Position of Authorized Representative	

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

SEP 12 2024
 RECEIVED BY: *[Signature]*