

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **BANI HIDDEN-PARADISE BEACH RESORT**
Address: **Sitio Tubong, Dacap Sur, Bani, Pangasinan**
Tel/Fax No.: **0969-3044735/0936-6904275**
Supplier Registered with: **643-263-147-00000 V**

PO No. **2024_222**

Date: **9/16/2024**

Terms of Payment: **COD**

Mode of Procurement: **Negotiated Procurement-
Lease of Privately-Owned
Venue**

Please deliver to this office on **September 18-19, 2024** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	15	pax	Meals for two (2) days Free flowing coffee, wifi connection, free use of basic sounds, microphones & projector and venue XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX Less: VAT (5%/1.12) EWT (1%/1.12) PR No. 24-0905-0384 (5029999005)	1,250.00	37,500.00
			TOTAL		37,500.00
					1,674.11
					334.82
			PURPOSE: Technical Writeshop on the Drafting of WINs for the SPARKS by the PRO 1 TWG for Sparks, PARD Personnel, Secretariat and Support Personnel	TOTAL - NET	35,491.07

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

Certified Budget Available: <i>[Signature]</i> JOSE A. MONES Fiscal Controller III	Funds Available of the amount of: <u>37,500.00</u> EDWARD O. ESPIRITU FC IV / FMS Chief	APPROVED: DENNIS B. ADRE Regional Vice President, PRO1
With in the COB: <u>2024</u> Expense Code: <u>5029999005</u> Budget: <u>34,816.02</u> Remarks: <u>GRANT/STORY ID</u>	Conforme: <i>[Signature]</i> RAFAEL M. MONTE / MANAGER Signature over Printed Name and Position of Authorized Representative	SEP 16 2024 MARICAR M. ARZADON, M.D. DO VII / Chief, HCDMD Date

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



SEP 18 2024

RECEIVED BY: *[Signature]*