

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION GENERAL SERVICE UNIT

Supplier: **THE MONARCH HOSPITALITY AND TOURISM CORPORATION**
Address: **San Miguel, Calasiao, Pangasinan**
Tel.Fax No.: **(075) 637 7770**
Supplier Registered with: **469-083-682-000 V**

Supplemental P.O.
PO No. **2024_245-S241**
Date: **9/30/2024**
Terms of Payment: **Charge**
Mode of Procurement: **Negotiated Procurement-
Lease of Privately-Owned
Venue**

Please deliver to this office on September 30, 2024, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
2	42	pax	AM. PM Snacks & Lunch XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXX	1,350.00	56,700.00
			TOTAL		56,700.00
			VAT (5%/1.15)		2,465.22
			EWT (2%/1.15)		986.09
			PR No. 24-0924-0406 (5029901002)		
			PURPOSE Conduct an awarding ceremony for top-performing KONSULTA providers in Pangasinan, emphasizing their efforts are both recognized and rewarded.	TOTAL - NET	53,248.69

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,

THE AUTHORITY OF THE BUDGET OFFICER:

Certified Budget Available. Funds Available in the amount of 56,700.00

JOSE A. MONES
Fiscal Controller III

EDWARD O. ESPRITU
FC IV / FMS Chief

With in the CDB

Expense Code

Budget

Remarks

Conforme:

CHARITY DE GUZMAN

Date: 09/30/24

Signature over Printed Name and Position of Authorized Representative

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

MARGARET M. ARZADON, M.D.
MOA / CHD, SCCLM

CIC TAY

Date

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



OCT 08 2024

RECEIVED BY: