

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **LENOX HOTEL**  
Address: **Rizal Street, Dagupan City, Pangasinan**  
Tel/Fax No.: **(075) 515-8889; 515-7094 to 95**  
Supplier Registered with: **113-888-385-001 V**

PO No. **2024\_257**

Date: **10/14/2024**

Terms of Payment: **Charge**  
Mode of Procurement: **Negotiated Procurement-  
Lease of Privately-Owned  
Venue**

Please deliver to this office October 17, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3	pax	Room Accomodation, two (2) nights	2,500.00	15,000.00
2	30	pax	AM, PM Snacks & Lunch	850.00	25,500.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			<b>VAT (5%/1.12)</b>	<b>TOTAL</b>	<b>40,500.00</b>
			<b>EWI (1%/1.12)</b>		<b>1,808.04</b>
			<b>PR No. 24-0829-0377 (5029999005)</b>		<b>361.61</b>
			<b>PURPOSE: For the Orientation on ProCRM-CSMS and 3MCP Monitoring Tool</b>	<b>TOTAL - NET</b>	<b>38,330.35</b>

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,

**CHESTER JOSEPH S. CANTO**  
Administrative Officer III

**OCT 14 2024**

**DENNIS B. ADRE**  
Division Chief IV / MSD Chief

Confirmed Budget Available: <b>2024</b> Fund Available in the amount of: <b>40,500.00</b>	APPROVED:
<b>JOSE A. MORIS</b> Fiscal Controller III	<b>DENNIS B. ADRE</b> Regional Vice President, PRO1
<b>EDWARD Q. ESPIRITU</b> FC IV / FMS Chief	<b>OCT 16 2024</b>
With in the COB: <b>2024</b>	<b>CYNTHIA S. SANTOS, DPA</b> Division Chief IV / MSD Chief
Expense Code: <b>5029999005</b>	<b>OIC-RVP, PRO 1</b>
Budget: <b>40,500.00</b>	Date
Remarks: <b>PAU 10/16/24</b>	
Conforms:	
<b>DANY G. MADRERA</b> Signature over Printed Name and Position of Authorized Representative	
Date: <b>10/16/24</b>	

