

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: **SARITA RESIDENCES AND LEISURE MANAGEMENT CORPORATION**
Address: **Laoag City, Ilocos Norte**
Tel. Fax No.: **0917-7700520**
Supplier Registered with: **010-386-012-000 V**

PO No. **2024_259**

Date: **10/14/2024**

Terms of Payment: **Charge**

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

Please deliver to this office October 23, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	39	pax	AM Snacks & Lunch	550.00	21,450.00
2	45	pax	PM Snacks	200.00	9,000.00
			XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			TOTAL		30,450.00
			VAT (5%/1.12)		1,359.38
			EWT (1%/1.12)		271.88
			PR No. 24-0925-0411 (5029901002)		
			PURPOSE: For the Orientation on PhilHealth FinMaREP with the Accountant/Finance Officer and PhilHealth Clerk of Health Facilities (HFs) in Region I		
			TOTAL - NET		28,818.74

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,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

OCT 14 2024

Justified Budget Available: 2024 Expense Code: 5029901002 Budget: 40,000.00 / 15,000.00 Remarks: AM	Funds Available in the amount of: 30,450.00 JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU FC IV / FMS Chief	APPROVED DENNIS B. ADRE Regional Vice President, PRO1 OCT 17 2024 Date
Conformed: [Signature] Signature over Printed Name and Position of Authorized Representative Date: 18 OCT 2024		

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



OCT 21 2024

RECEIVED BY: **ad**