

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

SUPPLEMENTAL

Supplier: LAOAG SOLA HOTEL, INC.
 Address: Biry, No. 51-A, Nangalisan East, City of Laoag, Ilocos Norte
 Tel./Fax No.: 09177879611
 Supplier Registered with: 735-285-500-000 V

PO No. 2024 263 5.228
 Date: 10/16/2024
 Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
 Lease of Privately-Owned
 Venue

Please deliver to this office on October 8-10, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	6	pax	AM Snacks & Lunch, 3 days, October 8-10, 2024	1,000.00	18,000.00
			Less Discount:		1,500.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			TOTAL		16,500.00
			VAT (5%/1.12)		736.61
			EWT (1%/1.12)		147.32
			PR No. 24-0805-0339 (S029901002)		
			PURPOSE: Conduct of Social Health Insurance Educational Series (SHINES) for BHWs in Ilocos Norte		
			TOTAL - NET		15,616.07

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,

Cynthia S. Santos
CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Verified Budget Available: Funds Available in the amount of: <u>16,500.00</u> JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU FC IV / FMS Chief With in the CGO: <u>2024</u> Expense Code: <u>102999002</u> Budget: <u>16,500</u> Remarks: <u>HO Support 7st 06 12</u> Conforms: <i>[Signature]</i> Signature over Printed Name and Position of Authorized Representative: <u>EDWARD Q. ESPIRITU</u> Date: <u>10/23/24</u>	APPROVED: <i>[Signature]</i> DENNIS B. ADRE Regional Vice President, PRO1 OCT 18 2024 Date:
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COMMISSION ON AUDIT
 AUDIT TEAM R1-04 (PHIC Group)

OCT 29 2024
 RECEIVED BY: *[Signature]*