

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **PROLIFIC CORPORATION**
Address: **Sabangan 2707 Santiago Ilocos Sur**
Tel.Fax No.: **09176542078**
Supplier Registered with: **740-514-443-000 V**

PO No. **2024_265**
Date: **10/21/2024**
Terms of Payment: **Charge**
Mode of Procurement: **Negotiated Procurement-
Lease of Privately-Owned
Venue**

Please deliver to this office on **October 24 2024** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	61	pax	AM Snacks, Lunch	550.00	33,550.00
2	97	pax	PM Snacks	150.00	14,550.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxx		
			TOTAL		48,100.00
			VAT (5%/1.12)		2,147.32
			EWT (1%/1.12)		429.46
			PR No. 24-0925-0410 (5029901002)		
			PURPOSE: Orientation on PhilHealth FinMaREP with the Accountant/Finance Officer and PhilHealth Clerk of Health Facilities (HFs) in Region 1	TOTAL - NET	45,523.22

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.

BY THE AUTHORITY OF THE

ROSELAL FERRER
FISCAL CLERK III 22 OCT 2024

By the authority of the MSD Chief:

CHESTER JOSEPH C. CANTO
AO III/GSU Head

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: 48,100.00	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	
With in the COS:		
Expense Code:		
Budget:		
Remarks:		
Conforme:		
VIRNA ISABEL ECRAELA	Date: NOVEMBER 7, 2024	
Signature over Printed Name and Position of Authorized Representative		

DENNIS B. ADRE
Regional Vice President, PRO1

By: **MARIA RICA M. BAUTISTA, MD.**
Medical Specialist III
Date: **10/22/2024**

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



NOV 25 2024

RECEIVED BY: