



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **PANGASINAN REGENCY CORPORATION**

Address: **Nalsian, Calasiao, Pangasinan**

Tel.Fax No.: **0923-7379534**

Supplier Registered with: **005-336-922-000 V**

PO No. **2024\_266**

Date: **10/21/2024**

Terms of Payment: **Charge**

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

Please deliver to this office on **October 28-30, 2024 & November 4-8, 2024** from receipt hereof the following: **Venue**

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	28	pax	AM, PM Snacks & Lunch for Four (4) Days	900.00	75,600.00
2	14	pax	AM, PM Snacks & Lunch for Five (5) Days	900.00	63,000.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			<b>TOTAL</b>		<b>138,600.00</b>
			<b>VAT (5%/1.12)</b>		<b>6,187.50</b>
			<b>EWT (1%/1.12)</b>		<b>1,237.50</b>
			<b>PR No. 24-1003-0417 (5020201001)</b>		
			<b>PURPOSE: Conduct of Training on Standard First Aid and Basic Life Support (BLS) - Cardpulmonary Resuscitation for PRO 1 DCG Medical Team</b>	<b>TOTAL - NET</b>	<b>131,175.00</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 thier 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 BUDGET OFFICER:

By the authority of the MSD Chief:

Very truly yours,

**MARIMEL C. BRAVO**

**CHESTER JOSEPH C. CANTO**  
AO III/GSU Head

**CYNTHIA S. SANTOS**

Division Chief IV / MSD Chief

Funds Available in the amount of: **138,600.00**

**JOSE A. MONES**  
Fiscal Controller III

**EDWARD Q. ESPIRITU**  
FC IV / FMS Chief

BY THE AUTHORITY OF FMS CHIEF:

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

**DENNIS B. ADRE**

Regional Vice President, PRO1

**MARICAR M. ARZADON, M.D.**  
MOVI / Chief, HCDND

Date

