

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ISLATEL REALTY AND DEVELOPMENT CORPORATION

PO No. 2024_269

Address: Brgy. Lucap, Alaminos City, Pangasinan

Date: 10/29/2024

Tel.Fax No.: (075) 510-2859

Terms of Payment: Charge

Supplier Registered with: 010-548-390-000 V

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office on October 30, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1000	pax	AM Snacks, Lunch	290.33	290,330.00
			xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			TOTAL		290,330.00
			VAT (5%/1.12)		12,961.16
			EWI (1%/1.12)		2,592.23
			PR No. 24-1015-0442 (5029901002)		
			PURPOSE: Conduct of LHIO WP Konsulta Delivery Caravan/Primary Care Social Mobilization and Marketing Campaign (PCSMMP) at Provincial Capitol Ulingan, Pangasinan		
			TOTAL - NET		274,776.61

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. 0918-2013 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 5:00PM on working days on or before the date stipulated in the PO.

By the authority of the MSD Chief:

Very truly yours,

BY THE AUTHORITY OF THE COMPTROLLER: / B.O.

SALLY S. GOMEZ

HRMO III/Acting ASS Chief

CYNTHIA S. SANTOS

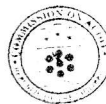
Division Chief IV / MSD Chief

AYKIM A. AQUINO 10/29/2024

FC II

Certified Budget Available: Fund Available in the amount of 290,330.00		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	
Within the COB: _____		DENNIS B. ADRE Regional Vice President, PRO
Expense Code: _____		CYNTHIA S. SANTOS, DRA Division Chief IV / MSD Chief
Budget: _____		OIC-RVP, PRO I
Remarks: _____		Date
Conforme: _____ Signature over Printed Name and Position of Authorized Representative		

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



NOV 07 2024

RECEIVED BY: _____