

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

SUPPLEMENTAL

Supplier: LET'S EAT LAH FOOD HOUSE
Address: Ambonao, Calasiao, Pangasinan
Tel./Fax No.:
Supplier Registered with: 100-088-599-000 NV

PO No. 2024 270 S.244
Date: 10/29/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office on October 2-3, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	pax	AM, PM Snacks & Lunch (Day 1)	750.00	1,500.00
	2	pax	AM Snacks & Lunch (Day 2)	550.00	1,100.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			TOTAL		2,600.00
			NVAT (3%)		78.00
			EWT (1%)		26.00
			PR No. 24-0912-0392 (5029999005)		
			PURPOSE: For Accreditation Officer Designates Forum	TOTAL - NET	2,496.00

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 MSD Chief: Very truly yours,

SALVYS GOMEZ
HRMO III/ Acting ASS Chief

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 2,600.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the CDR
Expense Code:
Budget:
Remarks:

Conforme: MYRNA M ONG Date: Nov. 07, 2024
Signature over Printed Name and Position of Authorized Representative

APPROVED

DENNIS B. ADRE

Regional Vice President, PRO I

By: CYNTHIA S. SANTOS, BPA
Division Chief IV / MSD Chief
OIC-RVP, PRO I

Date

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



NOV 11 2024

RECEIVED BY: [Signature]