

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **COX PAVILION operated by: EBR FOOD CORPORATION**

Address: **San Miguel, Calasiao, Pangasinan**

Tel.Fax No.:

Supplier Registered with: **655-209-906-000 NV**

PO No. **2024_271**

Date: **10/29/2024**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement-**

Lease of Privately-Owned

Venue

Please deliver to this office on **October 30, 2024 & November 6, 2024** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	100	pax	AM, PM Snacks & Lunch, Day 1	835.00	83,500.00
	101	pax	AM, PM Snacks & Lunch, Day 2	835.00	84,335.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			NVAT (3%)	TOTAL	167,835.00
			EWT (1%)		5,035.05
			PR No. 24-1016-0445 (5029901002)		1,678.35
			PURPOSE: Orientation on Latest PhilHealth Circulars with the Health Facilities In Region 1	TOTAL - NET	161,121.60

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 COMPTROLLER GENERAL / B.O.
JOSE A. MONES
Fiscal Controller III

By the authority of the MSD Chief:

SALLY S. GOMEZ
HRMO III/ Acting ASS Chief

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 167,835.00	APPROVED:
JOSE A. MONES Fiscal Controller III	DENNIS B. ADRE Regional Vice President, PRO I
EDWARD Q. ESPIRITU FC IV / FMS Chief	CYNTHIA S. SANTOS, DPA Division Chief IV / MSD Chief OIC-RVP, PRO I
With in the COB: Expense Code: Bdget: Remarks:	Date
Conforme: CHAY ROSALES Signature over Printed Name and Position of Authorized Representative	Date

