

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_274**

Date: **10/30/2024**

Terms of Payment: **Charge**

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

Please deliver to this office on November 20, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	95	pax	AM, PM Snacks & Lunch	750.00	71,250.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			TOTAL		71,250.00
			VAT (5%/1.12)		3,180.80
			EWT (1%/1.12)		636.16
			PR No. 24-1007-0420 (5029901002)		
			PURPOSE: Conduct of 2024 LHIO Ilocos Sur ALAGA KA Activity-Social Worker's Forum: Revisiting Policies and Concerns of PhilHealth Membership under Special Laws		
			TOTAL - NET		67,433.04

Terms & Conditions:

1. 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.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. 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.
4. 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.
5. 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.
6. Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

(THE AUTHORITY OF THE COMPTROLLER GENERAL/B.O.)

KIM P. AQUINO 11/4/2024

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: 71,250.00	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	
With in the CDB: 2024	By the Authority of the FMS Chief JOSE A. MONES Fiscal Controller III	
Expense Code: 5029901002		
Budget: 71,250		
Remarks: H.O. Support / Sub 12		
Conforme: VIRNA ISABEL ECRAELA	Date: NOVEMBER 14, 2024	
Signature over Printed Name and Position of Authorized Representative		
		DENNIS B. ADRE Regional Vice President, PRO1
		By: MARLENE D. SOLIBA, MD MS IV - ABAS HEAD Date: NOV 04 2024

