



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: NEWTOWN PLAZA HOTEL CORP. PO No. 2024\_280  
Address: 43 CM Recto St., Cor. Leonarwood Rd., Baguio City Date: 11/7/2024  
Tel.Fax No.: 0917-655-9004 Terms of Payment: Charge  
Supplier Registered with: 438-081-084-000 V Mode of Procurement: Negotiated Procurement-  
Lease of Privately-Owned  
Venue

Please deliver to this office on November 15-16, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	150	pax	PM Snacks, Dinner (Day 1)	1,800.00	270,000.00
2	150	pax	Breakfast, AM Snacks, Lunch (Day 2)	1,800.00	270,000.00
			With Room Accomodation and Venue		
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx		
			TOTAL		540,000.00
			VAT (5%/1.12)		24,107.14
			EWT (1%/1.12)		4,821.43
			PR No. 24-1021-0449 (5029999005)		
			PURPOSE: Conduct of 2024 FOD Year-End Assessment and Personnel Enrichment Forum themed "Better Together Through Personal Excellence"	TOTAL - NET	511,071.43

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.

BY THE AUTHORITY OF THE BUDGET OFFICER:

AYKIM P. AQUINO 11/12/2024  
FC II

Very truly yours,

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>540,000.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief
With in the COB: <u>2024</u>	By the Authority of the FMS Chief:
Expense Code: <u>1029999005</u>	JOSE A. MONES
Bdget: <u>140850</u>	Fiscal Controller III
Remarks: <u>FOD 1/5/06 7</u>	11.12.24
Conforme: <u>HAROLD GUINAO</u>	NOV. 15, 2024
Signature over Printed Name and Position of Authorized Representative	Date:

DENNIS B. ADRE  
Regional Vice President, PRO1

By: MARICAR M. ARZADON, M.D.  
MOVIH Chief, HCBND  
OIC DMRP

NOV 12 2024

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



NOV 19 2024

RECEIVED BY: