

PURCHASE ORDER
OFFICE/DEPARTMENT ADMINISTRATIVE SECTION - GENERAL SERVICES UNIT

Supplier: MANEL CATERING SERVICES PO No. 2024_281
Address: Santiago Norte, City of San Fernando La Union Date: 11/11/2024
Tel./Fax No.: 09497674883 Terms of Payment: Charge
Supplier Registered with: 840-259-155-000 NV Mode of Procurement: Negotiated Procurement
Small Value Procurement

Please deliver to this office on November 12, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	300	pay	AM Snacks, Lunch	350.00	105,000.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			TOTAL		105,000.00
			NVAT (3%)		3,150.00
			EWT (1%)		1,050.00
			PR No. 24-1106-0470 [5029901002]		
			PURPOSE: KONSULTA Service delivery Caravan/Primary Care Social Mobilization Campaign (PCSMAC) to be used for meal of participants of Konsulta Caravan		
			TOTAL - NET		100,800.00

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 incorporated 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 BUDGET OFFICER

JMP.AQUINO

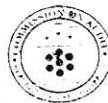
11/12/2024

Very truly yours,

CYNTHIA S. SANTOS
Division Chief, MSB Unit

Certified Budget Available	Funds Available in the amount of 105,000.00	APPROVED
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	By the Authority of the FMS Chief
With in the COB	2024	JOSE A. MONES Fiscal Controller III
Expense Code	5029901002	11-12-24
Project	01.000	
Remarks	HO support / stop 12	
Conforme	EDWIN D. BAYANUS Signature over Printed Name and Position of Authorized Representative	DENNIS B. ADRE Vice President, PROS
	Date: NOV. 19, 2024	NOV 12 2024
		MAJCAR M. ARZADON, M.D. MOVI / Chief, HCAID
		01-11-2024

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



NOV 19 2024

RECEIVED BY: