

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JANPAC REALTY AND DEVELOPMENT

Address: San Fernando City, La Union

Tel/Fax No.: 0999-7107412

Supplier Registered with: 609-043-486-001 V

PO No. 2024-284

Date: 11/11/2024

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-

Lease of Privately-Owned

Venue

Please deliver to this office on November 18, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	49	pax	AM & PM Snacks, Lunch	950.00	45,550.00
			XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			VAT (5%/1.12)		46,550.00
			EWI (1%/1.12)		2,078.13
			PR No. 24-1105-0468 (5029901002)		415.63
			PURPOSE: Orientation of Latest PhilHealth Circulars with the Health facilities in Region I		
			TOTAL - NET		44,056.24

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 "incash" 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

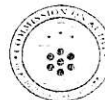
ANDREW P. AQUINO
FC II

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of \$ 46,550.00	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD C. ESPIRITU FC IV / FMS Chief	
With in the CDB: Expense Code: Project: Remarks:	2024 5029901002 46,550.00 No Support 15 Oct 12	By the Authority of the FMS Chief: JOSE A. MONES Fiscal Controller III 11/12/24
Conforming:	ORUKUD O. BARRERA Signature over Printed Name and Position of Authorized Representative	DENNIS B. ADRE Regional Vice President, PRO1 By: MARICAR C. ARZADON, M.D. NOV 12 2024 VIC/Chief of MSO

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



NOV 26 2024

RECEIVED BY: Qu