

PURCHASE ORDER  
OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LET'S EAT LAH FOOD HOUSE PO No. 2024-285  
Address: Ambonao, Calasiao, Pangasinan Date: 11/11/2024  
Tel./Fax No.: 075-683-4861 Terms of Payment: Charge  
Supplier Registered with: 100-088-599-000 NV Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office on November 19, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	160	pax	AM Snacks	125.00	20,000.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXX		
			TOTAL		20,000.00
			NVAT (3%)		600.00
			EWI (1%)		200.00
			PK No. 24-1105-0464 (S029901007)		
			PURPOSE: Conduct of Alaga KA for Organized Groups of Driver's Association/Transport Groups and Market Vendors in the 3rd & 4th District of Pangasinan	TOTAL - NET	19,200.00

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. 2018-2015 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.

IN THE AUTHORITY OF THE BUDGET OFFICER.

FRANK P. AQUINO  
CII

Very truly yours,

CYNTHIA S. SANTOS  
Division Chief IV / MSP Chief

Certified Budget Available:	Funds Available in the amount of: <u>20,000.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU RC IV / PMS Chief	
With Office Code: <u>2024</u>	By the Authority of the PMS Chief	
Expendable Code: <u>1029901007</u>	JOSE A. MONES Fiscal Controller III	
Order: <u>1029901007</u>	11-12-24	
Remarks: <u>1029901007</u>		
Confirms:		
Signature over Printed Name and Position of Authorized Representative	MYRNA M. ONG Date: <u>11-14-2024</u>	DENNIS B. ADRE Regional Vice President, PRO By: <u>JOY</u> MARICAR M. ARZADON, M.D. MO XII / CHIEF HCDAD DLE-ORVP Date

