

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

Supplier: **PANGASINAN REGENCY CORPORATION** PO No. **2024_287**
Address: **Naisian, Calasiao, Pangasinan** Date: **11/11/2024**
Tel/Fax No.: **0923-7379534** Terms of Payment: **Charge**
Supplier Registered with: **005-336-922-000 V** 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	36	pax	AM & PM Snacks, Lunch	785.00	28,260.00
2	15	pax	Accommodation and Dinner	3,300.00	49,500.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXX		
			TOTAL		77,760.00
			VAT (5%/1.12)		3,471.43
			EWV (1%/1.12)		694.29
			PR No. 24-1015-0443 (5020201001)		
			PURPOSE: Conduct of Training of Incident Command System (ICS)	TOTAL - NET	73,594.28

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 "Retraction 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.

BY THE AUTHORITY OF THE BUDGET OFFICER

ASST. P. AQUINO 11/12/2024
ECN

Very truly yours,

CYNTHIA SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 77,760.00	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPRITU FC IV / FMS Chief
With in the COB: 2024	JOSE A. MONES Fiscal Controller III
Expense Code: 5020201001	DENNIS B. ADRE Regional Vice President, PRO1
By: 11/12/24	By: 11/12/24
Remarks: 408 Support 1st Job 7	MAJCAR L. ARZADON, M.D. NOV VII / Chief, HCB&D
Conforme: JOEL M. BAYARDO 11/14/2024	Signature over Printed Name and Position of Authorized Representative

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



NOV 14 2024

RECEIVED BY: