

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **RICARDO'S DESSERT SHOP** PO No. **2024_289**
Address: **Aghayani Road, Poblacion, Laoag, Pangasinan** Date: **11/12/2024**
Tel/Fax No.: _____ Terms of Payment: **Charge**
Supplier Registered with: **284-442-593-000 NV** Mode of Procurement: **Negotiated Procurement**
Small Value Procurement

Please deliver to this office on **November 14, 2024** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	185	pax	AM Snacks & Lunch xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxx	250.00	46,250.00
			TOTAL		46,250.00
			VAT (3%)		1,387.50
			EWI (1%)		462.50
			PR No. 24-1009-0426 (5079901002)		
			PURPOSE: PhilHealth CONSULTA Coverage Activity to KP Beneficiaries in Pangasinan Police and Probation Office No. 2, Rosales, Pangasinan		
			TOTAL - NET		44,400.00

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 "Restoration 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 political 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 to 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.

Very truly yours,

CYNTHIA SANTOS
Division Chief / NISD Chief

Confirmed Budget Available: _____ Funds Available in the amount of: 96,250.00	APPROVED:
JOSE A. MONIS Finance Controller II	EDWARD Q. ESPERILLO FC IV / FMS Chief
With in the COB: Nov	DENNIS B. ADRE Regional Vice President, PRO1
Exterior Code: 2024-1009-0426	
Order: AS SPENT 1500 12	
Remarks: 46,250.00	
Conformed: Ricardo Byrnele B. Balderas Signature over Printed Name and Position of Authorized Representative	MANJAN K. ARZADON, M.B. NOV 14 2024 OIC-ORUP

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



NOV 19 2024

RECEIVED BY: _____