

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

Supplier: NORTH LUZON SUPERIOR FOOD CORP.

PO No. 2024_294

Address: Candon, Ilocos Sur

Date: 11/20/2024

Tel./Fax No.: 09948739913 / jlb3431@jollibee.com.ph

Terms of Payment: C.O.D.

Supplier Registered with: 010-021-535-001 NV

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office on December 5-6, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	100	pax	Snacks, Day 1-2	200.00	20,000.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			TOTAL		20,000.00
			VAT (3%)		600.00
			EWI (1%)		200.00
			PR No. 24-0911-0387 (5029901002)		
			PURPOSE: Conduct of Training of Trainers (TOT) of PhilHealth Learners Material (PLM) for Grade 8 Teachers/Supervisors/Principals/School Heads from different Schools with Demo Teaching for Grade 8 Student		
			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. 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 "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 MSD Chief:

Very truly yours,

SALLY S. GOMEZ

HRMO III/Acting, ASS Chief

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

THE AUTHORITY OF THE BUDGET OFFICER:

Certified Budget Available: Funds Available in the amount of: 20,000.00

JOSE A. MONES

Fiscal Controller III

EDWARD Q. ESPIRITU

FC IV / FMS Chief

With in the COB:

Expense Code:

Beget:

Remarks:

Conformer:

CLARIZA V. GARRIDO / MANAGER

Date: 11-22-24

Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

CYNTHIA S. SANTOS, CPA
Division Chief IV / MSD Chief
OIC - RVP, PRO1

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



NOV 25 2024

RECEIVED BY:

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