

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **BALAI NORTE HOTELS AND RESORTS CORPORATION**

PO No. 2024_298

Address: **Panicsican San Juan, La Union**

Date: 11/21/2024

Tel/Fax No.: 0968-878-9576

Terms of Payment: Charge

Supplier Registered with: 010-252-590-000 V

Mode of Procurement: Negotiated Procurement-

Lease of Privately-Owned

Venue

Please deliver to this office on November 25-26, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	45	pax	Lunch, PM Snacks, Dinner	1,402.67	63,120.00
2	45	pax	Accommodation	1,641.78	73,880.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			TOTAL		137,000.00
			VAT (5%/1.12)		6,116.07
			EWT (1%/1.12)		1,223.21
			PR No. 24-1106-0472 (5029999005)		
			PURPOSE: ORVP Year-End Assessment and Annual Forum		
			TOTAL - NET		129,660.72

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:

SALLY S. GOMEZ

HRMO III/Acting, ASS Chief

Very truly yours,

CYNTHIA S. SANTOS

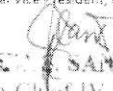

Division Chief IV / MSD Chief

Y THE AUTHORITY OF THE BUDGET OFFICER:

YKIM P. AQUINO

#11

11/21/2024

Certified Budget Available: Funds Available in the amount of: 137,000.00		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	DENNIS B. ADRE Regional Vice President, PRO1
With in the COB: _____		ag:  CYNTHIA S. SANTOS, CPA Division Chief IV / MSD Chief OIC-RVP, PRO1 Date: NOV 21 2024
Expense Code: _____		
Budget: _____		
Remarks: _____		
Conforme: 		
ERICKA JORGE ADVIENTO / Sales Executive Date: November 22, 2024		
Signature over Printed Name and Position of Authorized Representative		

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



NOV 25 2024

RECEIVED BY: as