

PURCHASE ORDER

OFFICE/DEPARTMENT: LHIO Gumaca

Supplier: **ZEMEDI FOODS CORPORATION**
Address: Brgy. Tanauan, Plaridel, Quezon
Tel.Fax No.: 0920-9786465
Supplier Registered with: SEC No. CS201302151

PO No. **2024-04-049**Date: **JUL 16 2024**Terms of Payment: On Account
Mode of Procurement: NPSVPlease deliver to this office on **July 19, 2024** upon receipt hereof the following:

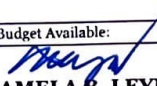


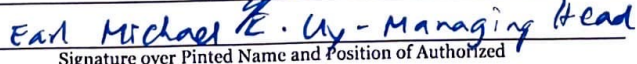
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	200	pax	Meals (Snacks & Lunch) Snacks: 1 pc Sandwich, 1 noodles & 1 bottled water, 350 ml Lunch: 1 rice meal with 2 viands and 1 flavored drinks, 350 ml * To be served in pack per pax * Delivery period: July 19, 2024 * To be delivered within Municipality of Atimonan, Quezon	413.00	82,600.00
					82,600.00
			Less Taxes: 5% VAT	3,687.50	
			1% EWT	737.50	4,425.00
			TOTAL AMOUNT		78,175.00
			Purchase Request No: 2024-01-122 Date: 20-Jun-24		

Terms & Conditions:

- PhilHealth shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages.
- If the date of receipt of the Purchase Order / PO by the supplier is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or email.
- Delivery of the above item(s) shall be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised to inform Procurement Section atleast two (2) days before the delivery. All item(s) shall be delivered and accepted by the Property and Supply Unit at PhilHealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City.
- Delivery Receipt and Sales Invoice shall be required to one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled Reiteration 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 or association, or juridical 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 which 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.

Very truly yours,


BENJIE A. CUVINAR
Division Chief IV, MSD

Certified Budget Available: 	Funds Available in the amount of: <u>82,600.00</u>	APPROVED:
MA. PAMELA B. LEYNES Fiscal Controller II	 ARON R. RIANO Fiscal Controller IV	 EDWIN M. ORIÑA, MD Acting Regional Vice President, PRO IVA
With in the COB: <u>2024-COB</u>		
Expense Code: <u>5 02 99 010 02</u>		
Budget: <u>85,000.00</u>		
Remarks:		
Conforme:  <u>Earl Michael E. Uy - Managing Head</u> Signature over Printed Name and Position of Authorized Representative		Received Copy of PO: Date