



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: CSI WAREHOUSE CLUB, INC.
Address: Lucao District, Dagupan City
Tel.Fax No.: 523-7232
Supplier Registered with: 005-333-806-000 V

PO No. 14-019 / IAR No. 008
Date: 2/24/2014
Terms of Payment: COD
Mode of Procurement: Shopping

Please deliver to this office within COD from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	500	pcs	Toothpaste		9,654.00
	500	pcs	Toothbrush		5,200.00
	500	pcs	Soap		7,054.50
	500	pcs	Alcohol		12,375.00
	500	pcs	Plastic Bag		153.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: TAX		
			VAT (5%/1.12)	1,537.34	
			EWT (1%/1.12)	307.47	1,844.81
			PR# 14-0219-0008		
			PURPOSE: For PRO 1 CARES for 2013 as per attached memo dated May 30, 2013	TOTAL	32,591.69

Terms & Conditions:

1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
2. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
4. 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.
5. 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 office hours on working days on or before the date stipulated in the PO.

Very truly yours,

CYNTHIA S. SANTOS
DIVISION CHIEF IV, MSD

Certified Budget Available:	Funds Available in the amount of: <u>32,591.69</u>	APPROVED:
 JOSE A. MONES Fiscal Controller III	 JANE C. RAGOS Fiscal Controller IV	 ELVIRA C. VER REGIONAL VICE PRESIDENT, PRO1
With in the COB:		
Expense Code:		
Bdget:		
Remarks:		
Conforme: Shirley B. Villanueva S-VICAR Date: <u>02-25-14</u>		
Signature over Printed Name and Position of Authorized Representative		Date

INSTRUCTIONS ON HOW TO USE THIS FORM:

1. This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
2. This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
5. This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
6. This form shall be prepared in 3 copies distributed as follows:

1 copy - Comptrollership Dept.

1 copy - COA

1 copy - Supplier

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