

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: CSI WAREHOUSE CLUB INC.
 Address: CSI The City Mall Lucao District, Dagupan City Pangasinan 2400
 Tel.Fax No.: 523-7232
 Supplier Registered with: 005-333-806-000 VAT

PO No. 17-123
 Date: 9/1/2017
 Terms of Payment: C.O.D
 Mode of Procurement: Shopping

Please deliver to this office within on Sept 04, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	10	gram	Sugo Peanut 20g	17.00	170.00
	5	gram	Goya Dark Mint 9g	25.25	126.25
	6	pcs	Cluod 9 Overload (12pcs)	107.00	642.00
	10	pcs	Grower Peanuts (20pcs)	38.70	387.00
	4	gram	Hersey Kisses 146g	169.35	677.40
	4	gram	Mentos 300g	174.55	698.20
	6	gram	Big Bang 36g	62.60	375.60
	8	gram	Kopiko Candy 50g	26.75	214.00
	4	pcs	Certificate Holder	35.75	143.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX					
PR No.17-0814-0376 PURPOSE: CONDUCT OF PERSONAL MASTERY FOR CASUAL AND SOME Regular				TOTAL	3,433.45

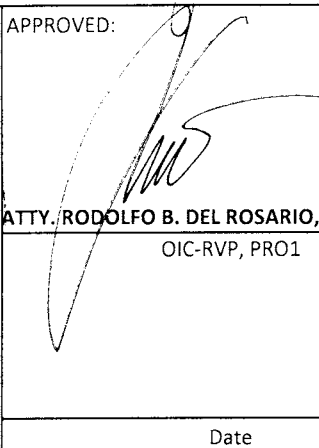
Terms & Conditions:

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

Very truly yours,

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: _____ Funds Available in the amount of: <u>3,433.45</u>		APPROVED: _____  ATTY. RODOLFO B. DEL ROSARIO, JR., MBA CSEE OIC-RVP, PRO1
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU OIC-FMS Head	
With in the COB: <u>2017</u> Expense Code: <u>502 02 010 01</u> Bdgct: <u>HRV</u> Remarks: _____		<div style="border: 1px solid black; padding: 5px; text-align: center;"> PHILHEALTH REGIONAL OFFICE COA <div style="border: 1px solid black; padding: 2px; display: inline-block;"> SEP 11 2017 </div> Received By: <u>AB</u> Time: _____ </div>
Conformer: <u>AFRILY CARLOS M. ENDA</u> Date: <u>9-1-17</u> Signature over Printed Name and Position of Authorized Representative		

INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
- 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.
- All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:

1 copy - Comptrollership Dept.

1 copy - COA

1 copy - Supplier