



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P- 006

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. 17-226
 Date: 12/7/2017
 Terms of Payment: C.O.D
 Mode of Procurement: Shopping

Please deliver to this office within on December 12, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	50	pcs	Snickers	35.00	1,750.00
	10	pack	Hersey Kisses Milk Chocolate	46.55	465.50
			TOTAL		2,215.50
			Less: VAT (5%/1.12)		98.91
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxx		
			PR No.17-1120-0550		
			PURPOSE: prizes for PRO1 Gender Sensitivity Training	TOTAL	2,116.59

Terms & Conditions:

1. 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.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
4. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
5. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
6. 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.
7. 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.

BY THE AUTHORITY OF THE

LAURAF. BASA

BY THE AUTHORITY OF THE MEDICAL CHIEF, MO VII

JANE C. RAGOS
 FC IV / CHIEF - ASS

MARICAR M. ARZADON, M.D.
 MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 2,216.59

JOSE A. MONES
 Fiscal Controller III

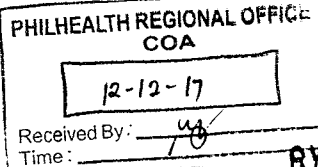
EDWARD Q. ESPIRITU
 OIC-FMS Head

With in the COB: 2017

Expense Code: 7700000002

Bdget: 6AD

Remarks:



APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA CSEE
 OIC-RVP, PRO1

Conforme:

Unanin A. Almaz

Date: 12/11/17

Signature over Printed Name and Position of Authorized Representative

BY THE AUTHORITY OF Att. Ragos

Maricar M. Arzadon, M.D.
 Medical Officer VII

Date 12/11/17

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

Note: Prices are subject to change w/out prior notice
 ASI