



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **CSI WAREHOUSE CLUB INC.**

PO No. **17-236**

Address: **Lucao District, Dagupan City**

Date: **12/15/2017**

Tel.Fax No.: **522-9488**

Terms of Payment: **COD**

Supplier Registered with: **005-333-806-000 V**

Mode of Procurement: **Negotiated Procurement-  
Small Value Procurement**

Please deliver to this office within for pick-up anytime from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	pc	COFFEE MAKER, Hanabishi C/Maker HCM 10B	615.00	615.00
1	1	pc	STAND FAN, Hanabishi S/Fan TW 16SF	1,340.00	1,340.00
1	1	pc	SPIN DRYER, Union Spin Dry UGSD 88	2,795.00	2,795.00
1	1	pc	WASHING MACHINE-SINGLE, Sharp W/M ES WS10	3,498.00	3,498.00
1	1	pc	TWO BURNER GAS STOVE, Standard G/S SGS 202i	1,001.00	1,001.00
1	1	pc	SINGLE BURNER GAS STOVE, Standard G/S SGS 17ii	546.00	546.00
1	1	pc	OVEN TOASTER, Kyowa O/T KW 3216	840.00	840.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX				<b>TOTAL</b>	<b>10,635.00</b>
Less: VAT (5%/1.12)				<b>474.78</b>	
EWT (1%/1.12)				<b>94.96</b>	<b>569.74</b>
<b>PR No. 17-1208-0589</b>					
PURPOSE: Prizes for Raffle Draw for the Christmas Party on December 22, 2017				<b>TOTAL</b>	<b>10,065.26</b>

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. 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 thier office or influence the actions of directors or employees. or create the appearance of a conflict of interest.
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.
6. 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

Very truly yours,

**JANE C. RAGOS**

**MARICAR M. ARZADON, M.D.**

FC IV / ASS CHIEF

7 MO. VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: **10,635.00**

APPROVED:

**JOSE A. MONES**

**EDWARD Q. ESPIRITU**

Fiscal Controller III

OIC-FMS Head

With in the COB:

Expense Code:

Bdget:

Remarks:

PHILHEALTH REGIONAL OFFICE  
COA

**12-20-17**

Received By:

Time:

**ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE**

OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

Conforme:

**BIVIRA F. TUGA**

Date:

**12-19-17**

Signature over Printed Name and Position of Authorized Representative

Date

COA on Travel

12/19/17