



PURCHASE ORDER

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. 17-250

Date: 12/21/2017

Terms of Payment: COD

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within until December 28, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
48	pck	Coffee (Nescafe, 200g)		138.92	6,668.16
60	pck	Sugar (Brown, 1kg)		34.33	2,059.80
48	pck	Creamer (CoffeeMate, 450g)		82.63	3,966.24
36	pck	Candy (Maxx Menthol Candy, 200g, honey/lemon/cherry/extra strength)		218.33	7,859.88
60	pck	Biscuit (Magic Flakes Junior Premium Crackers, 16g x 10/160g)		22.00	1,320.00
48	pck	Biscuit (Monde Nissin Butter Coconut Biscuits, 10g x 12/120g)		21.92	1,052.16
115	pck	Cup (Paper, 50pcs/pck, 6.5oz)		44.75	5,146.25
25	pck	Coffee Stirrer (wooden, 100pcs/pck)		17.15	428.75
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX				TOTAL	28,501.24
Less: VAT (5%/1.12)				1,272.38	
EWT (1%/1.12)				254.48	1,526.86
PR No. 17-0920-0446					
PURPOSE: Taken for the Clients (Customer's Delight) for LHIO Central Pang.				TOTAL	26,974.38

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.
- 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.
- 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 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

MARICAP M. ARZADON, M.D.
MD VII / MSD CHIEF

Approved Budget Available: Funds Available in the amount of: 28,501.24

JOSE A. MONES
Chief Controller III

EDWARD Q. ESPIRITU
OIC-FMS Head

With the COB:
Fiscal Code:
Date:
Initials:

Signature:

MARICAP M. ARZADON Date: 12-29-17
Signature over Printed Name and Position of Authorized Representative

APPROVED:
ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT
BY THE AUTHORITY OF THE AIC REP.
JOSEPHINE Q. QUITON, DSA DIVISION CHIEF IV
Date

FILE