



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: CSI WAREHOUSE CLUB INC.

PO No. 17-262

Address: Lucao District, Dagupan City

Date: 12/23/2017

Tel.Fax No.: 522-9488

Terms of Payment: Charge

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

Mode of Procurement: Shopping

Please deliver to this office within 2-3 weeks from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	6	pcs	Kopiko Candy 150g.	27.00	162.00
2	8	pcs	Tob Milk 100g.	97.75	782.00
3	8	pcs	Ding Dong 7g. X 20	17.45	139.60
4	12	pcs	Sugo H & S 10g. X 12	18.90	226.80
5	9	pcs	HSY Kiss Caramel Almond	47.40	426.60
6	5	pcs	CDM Oreo 60g.	65.90	329.50
7	3	pcs	Mentos Tropical 50s	33.00	99.00
xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxx				TOTAL	2,165.50
Less: VAT (5%/1.12)					96.67
PR No. 17-1103-0522 APP Amendment Batch 5					
PURPOSE: For the conduct of training on Completed Staff Work to PRO 1 employees				TOTAL	2,068.83

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.

Very truly yours,

MARICAR M. ARZADON, M.D.
MD VII MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 2,165.50

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
OIC-FMS Head

With in the COB: _____
Expense Code: _____
Bdget: _____
Remarks: _____

PHILHEALTH REGIONAL OFFICE
COA
1-4-18
Received By: _____
Time: _____

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE
OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

THE AUTHORITY OF THE OIC-RVP:

JOSEPHINE Q. QUITON, DBA
DMSION CHIEF IV

Date: _____

Conforme: _____
Signature over Printed Name and Position of Authorized Representative
Date: 12-29-17