



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **CSI WAREHOUSE CLUB INC.**

PO No. **18-150**

Address: **Lucao District, Dagupan City**

Date: **9/5/2018**

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 **pick-up anytime** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	pcs	Nagaraya 10g/10	20.70	414.00
	6	pcs	6 col mon ami but 50s	25.00	150.00
	1	pcs	J & J x.o candy 420s	229.30	229.30
	2	pcs	YM mentos fruit 300s	184.50	369.00
	5	pcs	Cloud 9 chc fudge 10s	62.50	312.50
	10	pcs	Cloud 9 28g/12	75.00	750.00
	1	pcs	Stock Vitacubes 50g	11.85	11.85
	1	pcs	H & Y gld coin chc 100s	76.50	76.50
	15	pcs	Ricoa curly tops 15s	20.15	302.25
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	2,615.40
			Less: VAT (5%/1.12)	116.76	
			EWI (1%/1.12)	23.35	140.11
			PR No. 18-0829-0320		
			PURPOSE: Conduct of Personal Mastery to PRO 1 Casual and Regular Employees	TOTAL	2,475.29

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.
- Partial delivery per item will not be accepted.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

BY THE AUTHORITY OF THE

MARINET C. BRAVO
FISCAL CONTROLLER III

Certified Budget Available: Funds Available in the amount of: 2,615.40

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

BY THE AUTHORITY OF THE CHIEF, FMS
JOSE A. MONES
FISCAL CONTROLLER III

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

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date: 9/5

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

BY THE AUTHORITY OF THE RVP, PRO 1

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

27 SEP 2018