Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	CSI WAREHOUSE CLUB INC.	PO No. 18-188	
Address:	Lucao District, Dagupan City	Date: 10/26/2018	
Tel.Fax No.:	522-9488	Terms of Payment: COD	
Supplier Reg	sistered with: 005-333-806-000 V	Mode of Procurement: Shopping	

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	15	pcs	Pentel Pen (Assorted Colors)	32.50	487.50
	15	pcks	Sugo (put/mixed nuts/hot & spicy)	17.00	255.00
	1	pcs	WVM Metro frt mx	155.15	155.15
	10	pcs	Clouds 28g/12	75.00	750.00
			xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	1,647.65
			PR No. 18-1002-0368		
			PURPOSE: For the conduct of training on Communication Skills for PRO 1 Employees		

Terms & Conditions:

N.

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.

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	Very truly yours,	
MERLIE/C. DORIA FISCAL CLERK N		CYNTHIA S. SANTOS Division Chief IV / MSD chief
Certified Budget Available: Funds Available in the ar	nount of: <u>1, (:47 65</u>	APPROVED:
JOSE A. MONES JANE CRAGOS		
Fiscal Controller III FC IV FMS Chief		
With in the COB:	지하지 않는 것이 가지 않는 것이 있는 것이 있다. 이 가지 않는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있다. 	
Expense Code: 50 2024 / AMA	DEC 0 5 2018	ALBERTO C. MANDURIAO
Bdget: 1. 6. 4. 7. 6. 5	in a construction of the c	Regional Vice President, PRO1
Remarks: <u>ACCuppent</u>	$1.125 M_{\odot}^{-1}$, approximate set of the	
Conforme:		
TRACELI GABPIEL	0 ~0 8 Date:	2 5 NOV 2010
Signature over Printed Name and Position of Author	ized Representative	Date

POMM-P- 006

