

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

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



POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	CSI WAREHOUSE CLUB INC.	PO No.	18-225
Address:	Lucao District, Dagupan City	Date:	12/3/2018
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 on or before Dec. 7, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	600	pcs	Spaghetti Package (with 6 main items)	240.00	144,000.00
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx	TOTAL	144,000.00
			Less: VAT (5%/1.12)	6,428.57	
			EWT (1%/1.12)	1,285.71	7,714.28
			PR No. 18-1119-0413		
			PURPOSE: Token for the conduct of PhilHealth "Pasko Mo, Alaga Ko" Program for Sponsored Members	TOTAL - NET	136,285.72

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.

MARIMEL C. BRAVE	Very truly yours, CYNTHIA'S: SANTOS Division Chief IV / MSD Chief
Certified Budget Available: Funds Available in the amount of: 111, 111, 111	APPROVED:
With in the COB:	
Expense Code:	ALBERTO C. MAÑDURIAO Regional Vice President, PRO1
Conforme: RICANN M-8MVMOA Date: /2/4/18	
Signature over Printed Name and Position of Authorized Representative	Date