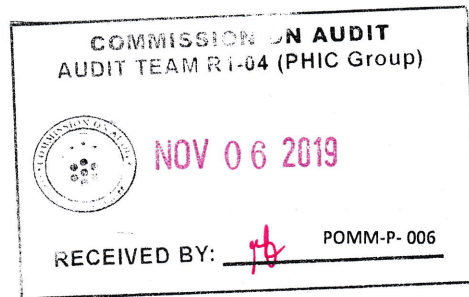




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER



OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **CSI WAREHOUSE CLUB INC.**
 Address: **Lucao District, Dagupan City**
 Tel.Fax No.: **522-9488**
 Supplier Registered with: **005-333-806-000 V**

PO No. **2019-259**
 Date: **10/30/2019**
 Terms of Payment: **Charge**
 Mode of Procurement: **Negotiated Procurement-
 Small Value Procurement**

Please deliver to this office within **15-30 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	6	pcs	Office Supplies Self-inking Stamp with Rubber Inscription with date	1,242.75	7,456.50
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	7,456.50
			Less: VAT (5%/1.12)		332.88
			PR Nos. 19-0524-0289 & 19-0527-0291		
			PURPOSE: For PRO 1 use	TOTAL - NET	7,123.62

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.

By the authority of the MSD Chief

Very truly yours,

By the Authority of the
MERLIE C. DORIA
 Fiscal Clerk III

EDWARD Q. ESPIRITU
 AO IV / ASS Chief / OIC-OMSD Chief

CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: _____ JOSE A. MONES Fiscal Controller III JANE C. RAGOS FC IV / FMS Chief By the Authority of the FMS Chief: JOSE A. MONES Fiscal Controller III		APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1 BY THE AUTHORITY OF THE MARICAR M. ARZADON, MD MEDICAL OFFICER VII Date:
With in the COB: <u>GT 2019</u> Expense Code: <u>5020301001</u> Bdget: <u>7456.50</u> Remarks: <u>VARIOUS COST CENTER</u> Conforme: _____ DELA CRUZ, XGLADYS C- Date: <u>11-06-19</u> Signature over Printed Name and Position of Authorized Representative		