



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

PURCHASE ORDER

COMMISSION ON AUDIT  
AUDIT TEAM R1-04 (PHIC Group)



DEC 05 2019

RECEIVED BY: ah

POMM/P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CSI WAREHOUSE CLUB, INC.  
Address: CSI Luciao District Dagupan City Pangasinan  
Tel.Fax No.: 522-7232  
Supplier Registered with: 005-333-806-000 VAT

PO No. 2019-306

Date: 12/3/2019

Terms of Payment: C.O.D

Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within December 13, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
213	PCS		Gift Certificate (500.00 bill)	500.00	106,500.00
213	pax		Gift Certificate (100.00 bill)	100.00	21,300.00
xxxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx				<b>TOTAL</b>	<b>127,800.00</b>
Less: VAT (5%/1.12)				<b>5,705.36</b>	
Less: VAT (1%/1.12)				<b>1,141.07</b>	<b>6,846.43</b>
PR No. 19-1028-0480					
PURPOSE: Taken Gift Check ( Corporate Christmas Activity/Year-End celebration)				<b>TOTAL - NET</b>	<b>120,953.57</b>

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 their 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.

Very truly yours,

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: _____	Funds Available in the amount of: <u>127,800</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	<u>ALBERTO C. MANDURIAO</u> RVP, PRO I
With in the COB: _____	_____	
Expense Code: _____	_____	
Bdget: _____	_____	
Remarks: _____	_____	
Conforme: _____	_____	Date: <u>12-4-19</u>
Signature over Printed Name and Position of Authorized Representative		