

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: COSTSAVERS SUPERMARKET INC.

Address: San Fernando La-Union

Tel/Fax No.:

Supplier Registered with: 006-107-498-000 VAT

PO No. 2019-316

Date: 12/10/2019

Terms of Payment: C.O.D

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 1 Day from receipt hereof of the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
29	packs	Macaroni Salad Package		760.65	22,058.85
30	packs	Chocolates & Cookies		90.00	2,700.00
10	bags	Canned Goods And Noodles		287.65	2,876.50
15	packs	Kitchen Essentials		199.70	2,995.50
10	packs	Condiments		200.00	2,000.00
		XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX			
			TOTAL		32,630.85
		Less: VAT (5%/1.12)	1,456.73		
		Less: EWT (1%/1.12)	291.35		1,748.08
		PR No. 19-1204-0534			
		PURPOSE: Conduct of Christmas Party/Year-End Celebration	TOTAL		30,882.77

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 the interest of PhilHealth.
- 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 DIVISION CHIEF

By the Authority of the Division Chief
MARIMEL C. BRAVO

CYNTHIA S. SANTOS / EDWARD Q. ESPIRITU
Division Chief IV/MSD Chief / AO IV / Chief-ASS

Fiscal Controller Available: Funds Available in the amount of: 32,630.85		APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV/FMS Chief	 ALBERTO C. MANDURIAO Regional Vice President, PRO 1 12-11-19
With in the COB:	BY THE AUTHORITY OF THE CHIEF FMS	
Expense Code:	JOSE A. MONES FISCAL CONTROLLER III 12/11/19	
Budget:		
Remarks:		
Conforme:	Date: 12-12-19	Date
Signature over Printed Name and Position of Authorized Representative		

INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
- This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
- All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:

1 copy - Comptrollership Dept.

1 copy - COA

1 copy - Supplier