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

DEC 27 2019

RECEIVED BY:

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
UNV Commercial Bldg., Francisco Ovalle St., Tacuel District Dagupan City

POMM-P-006

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. 2019-329
Date: 12/26/2019
Terms of Payment: COD
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within *1-2 weeks* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	6	pcs	Office Supplies Self-inking Stamp with rubber inscription	1,867.75	11,206.50
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx	TOTAL	11,206.50
	Warranty: 1 Year		Less: VAT (5%/1.12)	500.29	
			EWT (1%/1.12)	100.06	600.35
			PR No. 19-1220-0543		
			PURPOSE: For PRO 1 use	TOTAL - NET	10,606.15

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.

By the Authority of the MSD Chief

Very truly yours,

By the Authority of the
MERCIT C. DORIA
Fiscal Chief

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

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:

Funds Available in the amount of: 11,206.50

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

BY THE AUTHORITY OF THE
MARIMEL C. BRAVO
FISCAL CONTROLLER II

With in the COB
Expense Code
Budget
Remarks

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

BY THE AUTHORITY OF THE
MARICAR M. ARZADON, MD
MEDICAL OFFICER VII

Conforme:

ANGELA O. CONSTANTINO Date: 12/27/2019

Signature over Printed Name and Position of Authorized Representative

Date