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

APR 15 2019

RECEIVED BY: [illegible]

PO-F-006

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PURCHASE ORDER

Supplier: COSTSAVERS SUPERMARKET, INC.
Address: CSI Mall, Biday, San Fernando City
Tel.Fax No.: 072-888-1782
Supplier Registered with: 006-107-498-000 V

PO No. 2019-050
Date: 4/3/2019
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within *on or before April 30, 2019* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	170	pck	Assorted Candies	29.85	5,074.50
	100	pck	Biscuits (magic jr.)	22.85	2,285.00
	50	pck	Coffee (nescafe)	76.76	3,838.00
	50	pck	Coffee Creamer (Kremtop, 450g)	76.20	3,810.00
	50	pck	Sugar (brown, 1 kilo)	43.00	2,150.00
	40	pck	Stirrer (wooden, 100pcs)	18.35	734.00
	50	pck	Juice (nestea ice tea, 450g)	170.80	8,540.00
	40	pck	Disposable Drinking Cups (50 pcs)	51.60	2,064.00
	40	pck	Disposable Coffee Cups (50 pcs)	34.50	1,380.00
			****************** Nothing Follows ******************	TOTAL	29,875.50
			Less: VAT (5%/1.12)	1,333.73	
			EWT (1%/1.12)	266.75	1,600.48
			PR No. 19-0116-0037		
			PURPOSE: [illegible]	TOTAL	28,275.02

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 - 12:00NN and 1:00PM - 3:00PM** on working days on or before the date stipulated in the PO.
7. Partial delivery per item will not be accepted.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available

JOSE A. MONES
Fiscal Controller III

Funds Available in the amount of [illegible]

JANE C. RAGOS
FCIV / FMS Chief

Within the COB: [illegible]
Expense Code: [illegible]
Budget: [illegible]
Remarks: [illegible]

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

4-3-19
Date

Conforme:

Mary Rose Perez
Supervisor
Date: 4/5/19

Signature over Printed Name and Position of Authorized Representative