

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CSI WAREHOUSE CLUB, INC.

PO No. 2022_012

Address: Lucena District, Dagupan City, Pangasinan

Date: 3/30/2022

Tel.Fax No.: (075) 522-9488

Terms of Payment: COD

Supplier Registered with: 005-333-806-000 V

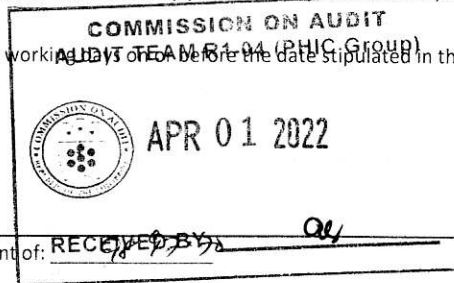
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on 2 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	300	bot	Bottled Water (Refresh 350ml)	5.80	1,701.60
2	40	box	Tetra Pack juice (Zest O Big 250 orange/apple juice 250ml)	78.00	3,120.00
3	4	pack	Candies (Fres mint, 150g/pack, Barley, Cherry, Grape, Apple, Peach)	31.00	124.00
4	52	pack	Fudgee bar	58.55	2,982.10
5	40	pack	Rebisco biscuit (family flavor bunch)	50.30	1,970.00
			xxxxxx Nothing Follows xxxxx		
			Less:		
			VAT (5%/1.12)		441.86
			PR No. 22-0329-0091 (5029918001)		
			PURPOSE: For Walk-in Clients of LHIO Central Pangasinan		
				TOTAL	9,897.70
				TOTAL - NET	9,455.84

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 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:

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

With the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date:

APPROVED:

MARICAR M. ARZADON, M.D.
Medical Officer VII - HCDMD

DENNIS B. ADRE

Regional Vice President, PRO1

Date