

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

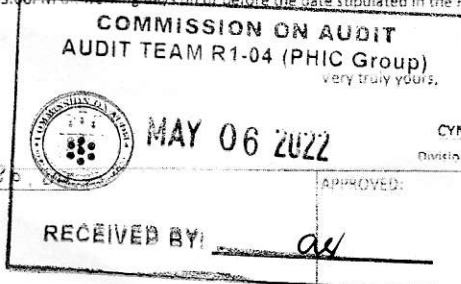
Supplier: BITSTOP, INC. PO No. 2022-020  
Address: 2F East Gate Plaza, A.B. Fernandez East, Dagupan City Date: 4/29/2022  
Tel/Fax No.: 075-515-8752/523-6395 Terms of Payment: Charge  
Supplier Registered with: 005 333 930 000 V Mode of Procurement: Shopping

Please deliver to this office within 90 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	10	cart.	Toner Cartridge for HP Printer M607 HP CF237A (HP 37A), black	11,000.00	110,000.00
2	20	pcs.	Ink for HP Deskjet IA 5075 Printer, Black, 680	500.00	10,000.00
3	20	pcs.	Ink for HP Deskjet IA 5075 Printer, Tri Color, 680	500.00	10,000.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX				<b>TOTAL</b>	<b>130,000.00</b>
Less: VAT (5%/1.12)					5,803.57
EWT (1%/1.12)					1,160.71
PR No. 22-0406-0096 (5020301002)					
For PRO1 use- 2nd Qtr, CM_PRO1 2022-008 CY 2022 APP Amendment Batch 1				<b>TOTAL</b>	<b>123,035.71</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 incorporated 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 - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.



Approved: 5/2/2022 Funds Available in the amount of: 123,035.71

JOSE A. MONES EDWARD Q. ESPIRITU  
Fiscal Controller II AD IV / DIC-OFMS Chief

With in the COB: CY2022  
Expense Code: 5020301002 - GOR 10  
Budget: 130000  
Remarks: TER 2/1000

Conformed: h/m G-2-2022  
MARLYN GARCIA Date  
Signature over Printed Name and Position of Authorized Representative

APPROVED:  
CYNTHIA SANTOS  
Division Chief / MSO Chief  
DENNIS B. ADRE  
Regional Vice President, PRO1  
MAY 02 2022  
Date

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: **RRZ CANTEEN AND CATERING SERVICE**

Address: **San Pedro West, Rosales, Pangasinan**

Tel./Fax No.: **09273200197**

Supplier Registered with: **435-131-651-001 NV**

PO No. **2022-019**

Date: **4/29/2022**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement**

**Small Value Procurement**

Please deliver to this office within **April 30, 2022** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	15	pax	Meals AM/PM Snacks & Lunch	600.00	9,000.00
XXXXXXXXXXXXXXXXXXXX Nothing follows XXXXXXXXXXXXXXXXXXXX				<b>TOTAL</b>	<b>9,000.00</b>
Less: VAT (1%)					<b>90.00</b>
PR No. 22-0428-0117 (5029918001)					
For PhilHealth's 27th Anniversary Activity Celebration: PhilHealth Employees Day of LHO Eastern Pangasinan personnel				<b>TOTAL</b>	<b>8,910.00</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 to 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.
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- 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.

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

Very truly yours,

**CYNTHIA S. SANTOS**  
Division Chief IV / NMO Chief

RECEIVED BY: as

APPROVED:

**MARICAR M. ARZADON, M.D.**  
Medical Officer - VI - HCDMD  
DENNIS B. ADRI  
Regional Vice President, PHIC

**APR 29 2022**

Date

Identified Budget Available

Fund Available in the amount of

**JOSE A. MONES**  
Fiscal Controller III

**EDWARD Q. ESPIRITU**  
AO IV / OIC-OFMS Chief

With in the COB:

Expense Code

Budget

Remarks

Conforme

Signature over Printed Name and Position of Authorized Representative

Date **4-29-22**

Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
Akla Bldg., Old De Venecia Highway, Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: VINZ IHAW-IHAW SA PANDAYAN  
Address: #210 Sitio Pandayan, Alaminos City, Pangasinan  
Tel. Fax No.: 9082531301  
Supplier Registered with: 927-796-869 NV

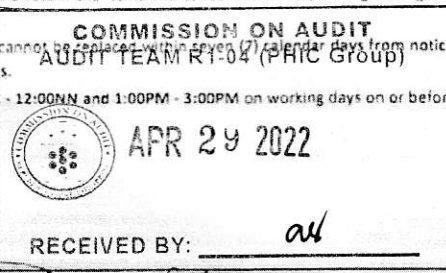
PO No. 2022\_018  
Date: 4/27/2022  
Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within April 30, 2022 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	14	pax	Snacks AM	150.00	2,100.00
2	14	pax	Lunch	300.00	4,200.00
3	14	pax	Snacks PM	150.00	2,100.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	8,400.00
			Less: VAT (1%)		84.00
			PR No. 22-0426-0114 (5029918001)		
			For PhilHealth's 27th Anniversary Activity Celebration: "PhilHealth Employees' Day" of LHIO Western Pangasinan, PSO Mangalarem & Pcares personnel	TOTAL	8,316.00

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 - 12:00NN and 1:00PM - 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 8,400.00

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPIRITU  
AO IV / OIC-OFMS Chief

With in the COB: CY2022  
Expense Code: 5029918001  
Budget: 8400  
Remarks: MOBE/HO SUPPORT

Conforme: MAY LANTIERO M. CAIDRON Date: 4-29-22  
Signature over Printed Name and Position of Authorized Representative

APPROVED:

By: MARICAR M. ARZADON, M.D. APR 28 2022  
Medical Officer VII - HCMMD  
DENNIS B. ADRE  
Regional Vice President, PRO1

Date



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LET'S EAT LAH FOOD HOUSE  
Address: Ambonao, Clasiao, Pangasinan  
Tel.Fax No.: 075-653-4661  
Supplier Registered with: 100-088-599 NV

PO No. 2022\_017

Date: 4/25/2022

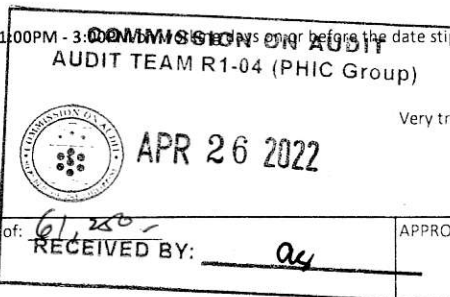
Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement  
Small Value Procurement

Please deliver to this office within on April 26, 2022 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	175	pax	Meals (Lunch)	350.00	61,250.00
			Four (4) viands with package of 1 Snack		
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			<b>TOTAL</b>		<b>61,250.00</b>
			Less: VAT (1%)		612.50
			EWT (1%)		612.50
			PR No. 22-0413-0102 (5029918001)		
			PURPOSE: Anniversary Celebration: Employees' Day Activity for PRO 1	<b>TOTAL</b>	<b>60,025.00</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 - 12:00NN and 1:00PM - 3:00PM on days prior to 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: 61,250

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPIRITU  
AO IV / OIC-OFMS Chief

With in the COB: CY 2022  
Expense Code: 5029918001 STOB 8  
Bdget: 61,250  
Remarks: MOBILE/NO SUPPORT

Conforme: [Signature]

MARINA M. ONG Date: 4/25/22  
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE  
Regional Vice President, PRO1

By: [Signature] APR 25 2022  
MARICAR M. ARZADON, M.D.  
Medical Officer VII - HCDMD

Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
Alia Bldg., Old De Venecia Highway, Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: R BUFFET PO No. 2022\_16  
Address: 2F Baladad Bldg., Quezon Avenue, San Fernando City, La Union Date: 4/21/2022  
Tel./Fax No.: 072-888-0233 Terms of Payment: Charge  
Supplier Registered with: 928-039-361-000 V Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within on April 22, 2022 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	24	pax	Meals (PM Snack and Dinner)	600.00	14,400.00
			XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)		642.86
			EWT (1%/1.12)		128.57
			PR No. 22-0418-0105 (5029918001)		
			PURPOSE: PhilHealth 27th Year Anniversary for La Union Service Office		
			TOTAL		13,628.57

Terms & Conditions:

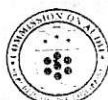
- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax 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 juridical 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 - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

CYNTHIA S. SANTOS  
Division Chief (V / MS) / E&E

Certified Budget Available Funds Available in the amount of: <u>14,400</u> JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU AO IV / DIC-OFMS Chief With in the COB: <u>4-22-22</u> Expense Code: <u>5029918001</u> <u>CTOB 8</u> Budget: <u>14400</u> Remarks: <u>MOCE / MO SUPPORT</u> Conforme: <u>PURCH. M. BORDA</u> Date: <u>4-22-22</u> Signature over Printed Name and Position of Authorized Representative	APPROVED: By the Authority of the RVP: JOSEPHINE Q. QUITON DENNIS B. ADRE FOD Regional Vice President, PRO: APR 22 2022 Date
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COMMISSION ON AUDIT  
AUDIT TEAM R1-04 (PHIC Group)



APR 22 2022

RECEIVED BY: au

Sent Hov email to COA 4/22/22

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



APR 11 2022

RECEIVED BY: \_\_\_\_\_

POMM-P-005

Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION

UNU, Commercial Bldg., Francisco Duque St., Taguig District, Taguig City

**PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION GENERAL SERVICE UNIT

Supplier: VINZ IHAW-IHAW SA PANDAYAN  
Address: Pandayan, Pob. Alaminos, Pangasinan  
Tel./Fax No.: 9082531301  
Supplier Registered with: 927-796-869 NV

PO No. 2022\_015

Date: 4/7/2022

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within 10 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	25	packs	Crackers	70.00	1,750.00
2	250	pcs.	Coffee	10.30	2,575.00
3	250	pcs.	Juice	9.00	2,250.00
4	52	packs	Candies	48.00	2,496.00
5	10	packs	Cups for Drinking Water	33.00	330.00
6	5	packs	Cups for Coffee	42.00	210.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX				<b>TOTAL</b>	<b>9,611.00</b>
Less: VAT (1%)					96.11
PR No. 22-0401-0095 (5029901002)					
PURPOSE: Customer's Delight for LHIO Western Pangasinan				<b>TOTAL</b>	<b>9,514.89</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.
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Very truly yours,

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: \_\_\_\_\_ Funds Available in the amount of: 9,611.00

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPIRITU  
AO IV / OIC-OFMS Chief

With in the COS: CV2022

Expense Code: 5029901002 STOB1

Budget: 9611

Remarks: NOGE NWLHIO

Conforme: \_\_\_\_\_

Signature over Printed Name and Position of Authorized Representative: Maricarm M. Arzadon Date: 24-11-22

APPROVED:

By: Maricarm M. Arzadon APR 08 2022

MARICARM M. ARZADON, M.D.  
Medical Officer/MIACHCDMD  
Regional Vice President, PRO1

Date: \_\_\_\_\_

## PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LET'S EAT LAH FOOD HOUSE  
 Address: Ambonao, Calasiao, Pangasinan  
 Tel.Fax No.: 075-653-4661  
 Supplier Registered with: 100-088-599 NV

PO No. 2022\_014Date: 4/6/2022Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within on April 7-8, 2022 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	20	pax	Meals: (AM & PM Snacks, Lunch) Day 1 on April 7, 2022	500.00	10,000.00
2	22	pax	Meals: (AM & PM Snacks, Lunch) Day 2 on April 8, 2022	500.00	11,000.00
			xxxxxx Nothing Follows xxxxx		
			Less:		
			VAT (1%)		210.00
			EWI (1%)		210.00
			PR No. 22-0308-0052 (5020201001)		
			PURPOSE: For the conduct of Personal Mastery to PRO 1 Newly Hired Employees		
			<b>TOTAL</b>		<b>21,000.00</b>
			<b>TOTAL - NET</b>		<b>20,580.00</b>

## Terms &amp; 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.
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- 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 by the Authority of Funds Available in the amount of: 21,000.00

JOSE A. MONTES  
 Fiscal Controller III  
**MARIMEL C. BRAVO**  
 FISCAL CONTROLLER II

With in the COB: CY2022  
 Expense Code: 5020201001 STOB 8  
 Bdgct: 21000  
 Remarks: OMSP

Conforme:

MYRNA M. ONG

Date:

04-07-2022

Signature over Printed Name and Position of Authorized Representative

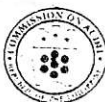
APPROVED:

APR 07 2022  
**MARICAR M. ARZADON, M.D.**  
 Medical Officer VII, HCIMD  
 DENNIS B. ADRE

Regional Vice President, PRO1

Date

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

APR 07 2022

RECEIVED BY:



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
Akia Bldg. Old De Venecia Highway, Lucena, Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **NORTHVERXION**  
Address: **A.B. FERNANDEZ AVENUE, DAGUPAN CITY**  
Tel.Fax No.: **075-523-3081**  
Supplier Registered with: **458-556-394-000 V**

PO No. **2022\_013**

Date: **4/1/2022**

Terms of Payment: **Charge**

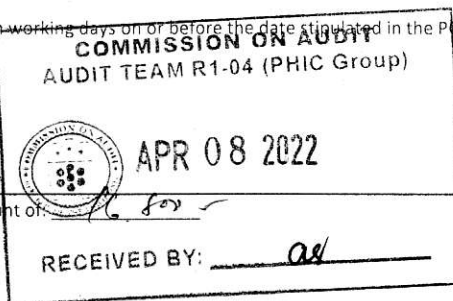
Mode of Procurement: **Negotiated Procurement-  
Small Value Procurement**

Please deliver to this office within on 7 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	46	pcs.	Prepaid Load Card @ (P300.00)	300.00	13,800.00
2	6	pcs.	Prepaid Load Card @ (P500.00)	500.00	3,000.00
			xxxxxx Nothing Follows xxxxx		
			Less:		
			VAT (5%/1.12)		750.00
			EWT (1%/1.12)		150.00
			PR No. 22- 0316-0076 (50205030)		
			PURPOSE: For PRO 1 use		
			<b>TOTAL - NET</b>		<b>15,900.00</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 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 on or before the date stipulated in the PO.



Very truly yours,

**CYNTHIA S. SANTOS**  
Division Chief IV / MSD Chief

APPROVED:

Certified Budget Available: Funds Available in the amount of: 16,800.00

**JOSE A. MONES**  
Fiscal Controller III

**EDWARD Q. ESPIRITU**  
AO IV / OIC-OFMS Chief

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

**Maria Veronica D. Tarcias**

Date: **4/7/22**

Signature over Printed Name and Position of Authorized Representative

By: **[Signature]**

**MARICAR M. ARZADON, M.D.**  
Medical Officer-VII - HCDMD  
DENNIS B. ADRE

Regional Vice President, PRO1

Date



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CSI WAREHOUSE CLUB, INC.  
Address: Lucena District, Dagupan City, Pangasinan  
Tel. Fax No.: (075) 522-9488  
Supplier Registered with: 005-333-806-000 V

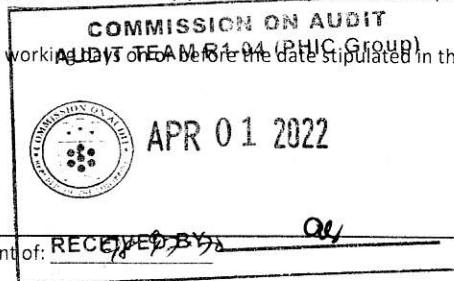
PO No. 2022\_012  
Date: 3/30/2022  
Terms of Payment: COD  
Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

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.
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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:

B.T.   
MARICAR M. ARZADON, M.D.  
Medical Officer VII - HCDMD  
DENNIS B. ADRE  
Regional Vice President, PRO1

2022030213