

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

POMM-F-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: COSTSAVER'S SUPERMARKET, INC. PO No. 2022\_028  
Address: CSI THE CITY MALL BIDAY, SAN FERNANDO CITY LA UNION Date: 5/16/2022  
Tel. Fax No.: 888-1781 Terms of Payment: Charge  
Supplier Registered with: 006-107-498-000 V Mode of Procurement: SHOPPING

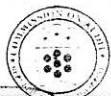
Please deliver to this office within within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	30	pcs.	Led Light Flourescent 14 watts	241.00	7,230.00
2	6	pcs.	Led Bulb 19 watts	206.00	1,236.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	377.95	
			EWT (1%/1.12)	75.59	453.53
			PR No. 22-0427-0115 (50203990)		
			PURPOSE: For LHIO La Union use		
			TOTAL		8,012.47

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 - 12:00NN and 1:00PM - 3:00PM on any day before the date stipulated in the PO.

AUDIT TEAM R1-04 (PHIC Group)



MAY 18 2022

Very truly yours,

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 8,452

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESHIRITO  
AO IV / OIC-OFMS Chief

RECEIVED BY: as

With in the COB:  
Expense Code: CY2022  
Bdget: 00203990  
Remarks: R466  
LU LHIO

Conforme: Rovera B. Maranese  
Signature over Printed Name and Position of Authorized Representative

APPROVED:

By: MARICAR M. ARZAPON, M.D.  
Medical Officer VII - HODAD  
DENNIS B. ADRE  
Regional Vice President, PRO1

MAY 16 2022

05-18-22  
Date