

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CSI WAREHOUSE CLUB INC.  
Address: Lucero District, Dagupan City  
Tel.Fax No.: 9773676949  
Supplier Registered with: 005-333-806-000 V

PO No. 2022\_062

Date: 8/4/2022

Terms of Payment: COD

Mode of Procurement: Shopping

Please deliver to this office within 15-30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	10	pcs	Ballpoint Pen Fine point, Green	7.00	70.00
2	3	pcs	Ballpoint Pen Fine point, Red	7.00	21.00
3	5	boxes	Fastener Long stem	99.75	498.75
4	5	pcs	Folder Metal Ring Binder, long, 2 Hole Arc File	100.00	500.00
5	2	pcs	Number Stamp Regular, 8-digit	159.75	319.50
			<b>TOTAL</b>		<b>1,409.25</b>
			Less: VAT (5%/1.12)		62.91
			PR No. 22-0624-0163 (5020301001)		
			PURPOSE: Regular Supplies for PRO 1 use - 2nd Quarter CY2022		
			<b>TOTAL - NET</b>		<b>1,346.34</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.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed
- 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
- 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
- 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,

By the authority of the MSD Chief

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

SALLY S. GOMEZ

By the Authority of the Fiscal Controller  
Certified Available Amount: 1,409.25  
**MARIMEL C. BRAVO** **JOSE A. MONES**  
JOSE A. MONES Fiscal Controller II  
EDWARD A. ESPERITU Fiscal Controller III  
Fiscal Controller III AO IV / OIC-OFMS Chief  
With in the COB: CY2022  
Expense Code: 5020301 001  
Budget: 1409.25  
Remarks: VANUOUC CO9 CTR  
Conforme: [Signature]  
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

Date

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



AUG 16 2022

RECEIVED BY: [Signature]