

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
ARIA Bldg., CDR Du Mas Road Highway, Lucena, Dagupan City

PURCHASE ORDER

FORM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CSI WAREHOUSE CLUB, INC.

Address: Lucena District, Dagupan City, Pangasinan

Tel./Fax No.: 0939-2529295 / 0945-8007716

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

PO No. 2022-075

Date: 9/5/2022

Terms of Payment: COD

Mode of Procurement: Shopping

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

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	6	pcs.	Ink pad for Shiny printer S 829	134.00	804.00
			xxxx Nothing Follows xxxx		
			Less: VAT (5%/1.12)		
			PR No. 22-0817-0160 (5020301001)		35.89
			PURPOSE: for PRO 1 use, APP amendment batch 4		
			TOTAL - NET		768.11

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,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>804</u> JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU AO IV / OIC OFMS Chief With in the COB: <u>CY2022</u> Expense Code: <u>CO20301001</u> Subject: <u>804</u> Remarks: <u>YANQUO'S COB CTR</u> Conforms: <u>[Signature]</u> Signature over Printed Name and Position of Authorized Representative: <u>[Signature]</u> Date: <u>9/24/2022</u>	APPROVED: [Signature] DENNIS B. ADRE Regional Vice President, PRG1 Date: _____
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COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)



SEP 27 2022

RECEIVED BY: [Signature]