

PHILIPPINE HEALTH INSURANCE CORPORATION
AGA Bldg., Old De Venecia Highway, Lucena, Dagupan City

PURCHASE ORDER

PHIMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **CSI WAREHOUSE CLUB INC.**

Address: **Lucena District, Dagupan City, Pangasinan**

Tel. Fax No.:

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

PO No. **2022_089**

Date: **10/12/2022**

Terms of Payment: **COD**

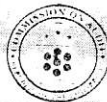
Mode of Procurement: **Shopping**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	39	box	Paper Clip Backfold, 50mm., all metal, clamping length: 50mm (-1mm), clamping depth: 25mm (min.), thickness of metal: 0.33mm (min.), 12pcs/box	33.00	1,287.00
2	52	piece	Sign Pen 0.7, blue, gel type	21.75	1,131.00
3	299	roll	Tape Transparent, Size: 1 (24mm) 50M	14.50	4,335.50
			XXXX Nothing Follows XXXX		
			Less: VAT (5%/1.12)		
			PR No. 22-0909-0236 (5020301001)		301.50
			PURPOSE: For PRO 1 use		
			TOTAL - NET		6,452.00

Terms & Conditions:

1. 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
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be
3. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Regulation of PhilHealth No Gift Policy (Revision 1) which is deemed
4. PhilHealth shall have the right to reject and return the items and demand full refund of payment made if the items delivered are defective, incomplete or non-compliant as
5. In case of returned/rejected items which cannot be replaced within seven (7) calendar days from receipt, PhilHealth shall demand full refund of payment made
6. 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.



NOV 14 2022

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:

Funds Available in the amount of: **6,753.50**

RECEIVED BY: **AS**

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPINOSA
AO IV / OIC-OFMS Chief

Wish in the COB:

CY2022

Expense Code:

5020361001

Budget:

6753.50

Remarks:

VARIOUS COST CTR.

Conforme:

AGELA D. PUNAY Date: **11/1/22**

Signature over Printed Name and Position of Authorized Representative

APPROVED:

By the Authority of the RVP:

JOSEPHINE Q. QUITON

Division Chief - FOD

DENNIS B. ADRE

Regional Vice President, PRO1

Date