

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Aksa Bldg. Old Don Venecia Highway, Lucena, Quezon City

PO# A-P-006

PURCHASE ORDER

OFFICE DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **COSTSAVERS SUPERMARKET INC**
Address: **Palaris St., San Carlos City, Pangasinan**
Tel.Fax No.: **0932-6250573**
Supplier Registered with: **006-107-498-003 V**

PO No. **2023_012**

Date: **3/22/2023**

Terms of Payment: **COD**

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

Please deliver to this office within **1-2 days** from receipt hereof of the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
33	1	bt	Ice Tea	25.65	1,000.35
			xxxxxxxxxxxx Nothing follows xxxxxxxxxxxxxxxxxxxx		
			Less:		
			VAT (5%: 12)		1,000.35
			PR No. 23-0315-0111 (029918009)		14.66
			PURPOSE: For Women's Month Celebration		
			TOTAL - NET		9: 5.69

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 shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, 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 the 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-conforming as specified when quoted.
- In case of returned/rejected items which cannot be placed 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.

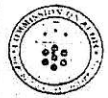
Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: **1,000.35**
JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

With in the COB: **04/03/2023**
Expense Code: **5019918009**
Budget: **1,000.35**
Remarks: **GAD**



MAR 28 2023

RECEIVED BY: **as**

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

JOSEPHINE O. QUETON
Division Chief - FID
Date: **3-27-23**

Conforme:

Mary Joy Piny
Signature over Printed Name and Position of Authorized Representative