

PURCHASE ORDER

OFFICE DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **COSTSAVERS SUPERMARKET INC**

PO No. **2023_016**

Address: **Palaris St., San Carlos City, Pangasinan**

Date: **3/24/2023**

Tel/Fax No.: **0932-6250573**

Terms of Payment: **COD**

Supplier Registered with: **006-107-498-003 V**

Mode of Procurement: **Shopping**

Please deliver to this office within 1-5 days from receipt hereof the following:

Please deliver to this office within 15 days			Our receipt is valid for the following:		
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
4	box		Infant Milk for 0-12 months old	2,239.50	8,958.00
4	box		Infant Milk for 15 months old	2,251.25	9,005.00
6	box		Follow-up Milk for 2 years old	967.10	5,802.60
3	box		Follow-up Milk for 3 years old	962.60	2,887.80
6	box		Fortified Milk for 4-11 years old	1,145.50	6,873.00
12	doz		Chocolate Energy Drink	103.25	1,239.00
5	pack		Diaper for 10 month old medium	165.50	827.50
9	pack		Diaper Large	165.50	1,489.50
4	pack		Diaper 2xl	165.50	662.00
24	pack		Sanitation Napkin (regular pad)	25.75	618.00
2	btl		Body Lotion	1,759.85	3,519.70
24	pcs		Bra (size: 32B-34B)	129.75	3,114.00
36	pcs		Panty (Medium Size)	48.50	1,746.00
12	pcs		Panty (Small Size)	42.75	513.00
xxxx Nothing Follows xxxx				TOTAL	47,255.10
Less: VAT (5%/1.12)					2,109.60
EWT (1%/1.12)					421.92
PR No. 23-0315-0112 (029918009)					
PURPOSE: For MSD/ For Women's Month Celebration				TOTAL - NET	44,723.58

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
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be
- 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
- 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
- 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.

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

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: **27,255.10**

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

RECEIVED BY: **ay**

APPROVED:

With in the COB: **EX-1000**

Expense Code: **2024018009**

Budget: **27,255.10**

Remarks: **GAD**

Conformed by: **JOSEPHINE O. QUINTON**

3-27-23

Date:

Signature over Printed Name and Position of Authorized Representative

DENNIS B. ADRE

Regional Vice President, PRO

By: **JOSEPHINE O. QUINTON**

Division Chief - FOD

Date: **3-27-23**