



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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CSI WAREHOUSE CLUB, INC.
Address: Luciao District, Dagupan City, Pangasinan
Tel.Fax No.: 0945-5225604
Supplier Registered with: 005-333-806-000 V

PO No. 2023_119
Date: 9/14/2023
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	5	pcs	Clipboard for A4 size document	68.75	343.75
2	52	pcs	Manila Paper 60 gsm, thickness: 0.014mm min, dimension: 1200mm x 900mm min., 10 sheets per sleeve	4.00	208.00
3	13	box	Paper Clip Backfold, 19mm; all metal, clamping length: 19mm (-1mm), clamping depth: 10mm (min.), thickness of metal: 0.20mm (min.), 12 pcs/box	14.00	182.00
4	3	box	Paper Clip Backfold, 32mm; all metal, clamping length: 32mm (-1mm), clamping depth: 14mm (-1mm), thickness of metal: 0.30mm (min.), 12 pcs/box	32.00	96.00
5	31	rolls	Tape Packaging; Size: 2" (48mm) 50m	25.25	782.75
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	1,612.50
			Less: VAT (5%/1.12)		71.99
			PR Nos. 23-0809-0235 (5020301001)		
			PURPOSE: For PRO 1 use - From APP Amendment Batch 6	TOTAL - NET	1,540.51

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 imposed.
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 "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed
4. 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
5. 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
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.
7. Partial delivery per item will not be accepted.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 1,612.50

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the COB: 2023
Expense Code: 5020301001
Bdget: 1,612.50
Remarks: VARIOUS COST CENTERS

Conforme:

ANIELA D. P. SANTOS 9/16/23
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

SEP 15 2023

Date

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



SEP 27 2023

RECEIVED BY: