

## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Akia Bldg. Old De Venecia Highway, Lucao, Dagupan City

POMM-P- 006

## **PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supp	lior
Juph	mei.

CSI WAREHOUSE CLUB INC.

PO No. 2023-149

Address:

Lucao District, Dagupan City, Pangasinan

Date: 10/17/2023

Tel.Fax No.: 0977-3676949

Terms of Payment: COD

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

Mode of Procurement: Negotiated Procurement-

**Small Value Procurement** 

Please deliver to this office within on 7 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
_	13	pcs	1/2" PPR Coupling	6.00	78.00
	6	pcs	1/2" PPR Elbow	7.00	42.00
	1	рс	1/2" Gate Valve	220.00	220.00
	2	pcs	1/2" Tee	8.00	16.00
_	5	rolls	Teflon Tape	14.00	70.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	426.00
-			Less: VAT (5%/1.12)		19.02
		(i	PR No. 23-1011-0303		
			PURPOSE: For LHIO Ilocos Sur New Office Space	TOTAL	406.98

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 incorporate into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial entity, whether from the public or private sector, at 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 thier office or influence the actions of directors or employees, or create the appearance of a conflict of
- 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 specification when quoted.
- 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 cash" or "in check" three (3) calendar days.
- 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.

MARIMEL C. BRAV	Oppicer	Very truly yours,  CYNTHY S. SANTOS
Fiscal Controller II	40/ 73	Division Chief IV / MSD Chief
Certified Budget Available: Funds Avail	able in the amount of: $940-00$	APPROVED:
JOSE A. MONES EDWARD C Fiscal Controller III FC IV / FMS With in the COB: Expense Code:	Chief AYKIN P. ACUINO 1203  FCII	DENNIS B. ADRE
Budget:		Regional Vice President, PRO1
Remarks:	<del></del>	
Conforme:	arambe 10/17/23	OCT 1 7 2023
Signature over Printed Name and Posit	ion of Authorized Representative	Date
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COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group) RECEIVED BY: 604