

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

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

PO No. **2023_165**
Date: **11/16/2023**

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	20	pcs	Pen Ballpoint Pen; Fine point, Black	5.25	105.00
2	306	pcs	Pen Ballpoint Pen; Fine point, Blue	5.25	1,606.50
3	23	pcs	Pen Sign Pen; 0.7, blue, gel type	22.75	523.25
4	17	roll	Tape Masking, Size 1" (24mm) 50m	33.75	573.75
5	12	roll	Tape Masking, Size 2" (48mm) 50m	71.75	861.00
6	89	roll	Tape Transparent; Size 1" (24mm) 50m	14.50	1,290.50
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	4,960.00
			Less: VAT (5%/1.12)		221.43
			PR Nos. 23-1027-0316 (5020301001)		
			PURPOSE: For PRO 1 use	TOTAL - NET	4,738.57

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.

By the authority of the MSD Chief

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Stukey w/16/2023
SALLY G. GOMEZ
HRMO III, Acting ACC Chief

Verified Budget Available: Funds Available in the amount of: **4,960**

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the COB: **2023**

Expense Code: **5020301001**

Bdget: **P 4,960.00**

Remarks: **VARIOUS ART CENTER**

Conforme: **ANGELA B. BERNARDO**
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS E. ADRE
Regional Vice President, PRO1

By: **JOSEPHINE O. QUINTON**
Division Chief - PRO
Date: **11/20/23**

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