

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CSI WAREHOUSE CLUB, INC.

PO No. 2023_190

Address: Lucao District, Dagupan City, Pangasinan

Date: 12/13/2023

Tel.Fax No.:

Terms of Payment: COD

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

Mode of Procurement: Shopping

Please deliver to this office within 7-15 days from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|---|-------------|--------------|
| 1 | 47 | pcs | Marker Permanent Pen; Black, broad tip, non-toxic | 34.50 | 1,621.50 |
| 2 | 16 | pcs | Marker Permanent Pen; Blue, broad tip, non-toxic | 34.50 | 552.00 |
| 3 | 110 | pcs | Pen Ballpoint Pen; fine point, Black | 5.25 | 577.50 |
| | | | XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX | TOTAL | 2,751.00 |
| | | | Less: VAT (5%/1.12) | | 122.81 |
| | | | PR Nos. 23-1123-0336 (5020301001) | | |
| | | | PURPOSE: Office Supplies for PRO 1 use/ From APP Amendment Batch 10 | TOTAL - NET | 2,628.19 |

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 submitted
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 L. SANTOS
Division Chief IV / MSD Chief

| | |
|---|---|
| Certified Budget Available: Funds Available in the amount of: 2,751.00 | APPROVED: |
| JOSE A. MONES Fiscal Controller III | EDWARD Q. ESPIRITU FC IV / FMS Chief |
| With in the COB: 2023 | DENNIS B. ADRE Regional Vice President, PRO1 |
| Expense Code: 5020301001 | |
| Bdget: P2,751.00 | |
| Remarks: VARIOUS COST CENTERS | |
| Conforme: AUGELA B. GARCIA Signature over Printed Name and Position of Authorized Representative | DEC 19 2023 |
| | Date |

