

## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Alia Bidg. Old De Veneda Highway, Lucao, Dagupan City

POMM-P- 006

## **PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	CSI WAREHOUSE CLUB, INC.	PO No. 2024_327
Address:	Lucao District, Dagupan City, Pangasinan	Date: 12/18/2024
Tel.Fax No.:	9307421044	Terms of Payment: COD
Supplier Reg	istered with: 005-333-806-000 V	Mode of Procurement: Shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	200	rolls	Tape Packaging, Size: 2" (48mm) 50m	25.25	5,050.0
2	500	pcs.	Ballpen, Fine Point, Blue	5.25	2,625.0
		1	xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxx		
			4 10 4 14 14 14 14 14 14 14 14 14 14 14 14 1	TOTAL	7,675.00
			VAT (5%/1.12)		342.63
			EWT (1%/1.12)		68.53
	W = 2000 W		PR No. 24-1121-0487 (5020301001)		
			PURPOSE: For PRO1 use, APP Batch 11, CM#2024_0050	TOTAL - NET	7,263.84

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 by the supplier.
- 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 interest.
- 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.
- 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 cash" or "in check" three (3) calendar days.
- 6 Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

JEL Q BRAVO	Division Chief IV / MSD Chief
IOSE A. MONES EDWARD Q. ESPIRITU 2.7024	APPROVED:
With in the COB 2004	DE
Expense Code	DENNIS B. ADRE Regional Vice President, PRO1
Conforme: (IN Chift)  MOEIA O. WINN TOP DEC 27, 2024	DEC 2 0 2024
Signature over Printed Name and Position of Authorized Representative	Date

