

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

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CSI WAREHOUSE CLUB, INC.  
Address: Lucao District, Dagupan City, Pangasinan  
Tel. Fax No.: 9307421044  
Supplier Registered with: 005-333-806-000 V

PO No. 2024\_099

Date: 5/20/2024

Terms of Payment: COD

Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within May 24, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1,023	pcs.	Gift Certificate worth Php 100.00	100.00	102,300.00
			Less:	TOTAL	102,300.00
			VAT (5%/1.12)		4,566.96
			EWT (1%/1.12)		913.39
			PR No. 24-0510-0231 (5029918002)		
			PURPOSE: For Raffle Prizes on the conduct of PRO1 Employees' Day	TOTAL - NET	96,819.65

Terms & Conditions:

- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 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.
- 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.
- Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 102,300.00

JOSE A. MONES  
Fiscal Controller III  
EDWARD Q. ESPIRITU  
FC IV / FMS Chief

With in the COB: CY 2024  
Expense Code: 5029918002 / STOB 12  
Budget: 102,300.00  
Remarks: NO SUPPORT

Conforme:  
Signature over Printed Name and Position of Authorized Representative  
RICARDO H. SUMANON  
Date: 5/21/24

APPROVED:

DENNIS B. ADRE  
Regional Vice President, PRO1

MAY 20 2024

Date

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

MAY 21 2024

RECEIVED BY: au