

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.

PO No. 2024\_111

Address: Lucao District, Dagupan City, Pangasinan

Date: 5/21/2024

Tel. Fax No.: 9307421044

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 7 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	50	rolls	Tissue Roll, 3 ply	15.00	750.00
			Less:	TOTAL	750.00
			VAT (5%/1.12)		33.48
			PR No. 24-0503-0210 (50203080)		
			PURPOSE: For PRO 1 use	TOTAL - NET	716.52

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 their 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.

By the authority of the MSD Chief:

Very truly yours,

SALLY S. GOMEZ

HRMO III/Acting ASS Chief

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 716.52

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPIRITU  
FC IV / FMS Chief

With in the COB:

2024

Expense Code:

50203080 / STOB 60

Budget:

750.00

Remarks:

As per

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date:

5/31/24

APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

By:

CYNTHIA S. SANTOS, DPA  
Division Chief IV / MSD Chief  
OIC-RVP, PRO 1

Date

MAY 22 2024

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



JUN 03 2024

RECEIVED BY:

as