

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: CSI WAREHOUSE CLUB, INC. PO No. 2024_170
Address: Lucao District, Dagupan City, Pangasinan Date: 7/19/2024
Tel.Fax No.: 9307421044 Terms of Payment: COD
Supplier Registered 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	1,000	pcs.	Pen Ball point pen, Blue, Fine point	5.25	5,250.00
2	75	rolls	Tape Packaging, 2" (48mm)	25.25	1,893.75
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less:	TOTAL	7,143.75
			VAT (5%/1.12)		318.92
			EWI (1%/1.12)		63.78
			PR No. 24-0507-0218 (5020301001)		
			PURPOSE: PRO 1 use	TOTAL - NET	6,761.05

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.

BY THE AUTHORITY OF THE
MARIMEL C. BRAVO
FISCAL CONTROLLER II

BUDGET
OFFICER

Very truly yours,

CYNTHIA L. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>7,143.75</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	BY THE AUTHORITY OF THE FMS CHIEF AYKIM P. AQUINO 2/2/2024 FC II
With in the COB: <u>2024</u>		DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: <u>5020301001 / STDB 10</u>		3+ <u>my</u> MARICAR M. ARZADON, M. JUL MO VII / Chief, HCENL OK-ORUP
Bdget: <u>P 7,143.75</u>		Date
Remarks: <u>Arr 16/24</u>		
Conforme:	<u>Mellie B. Hatala</u> Signature over Printed Name and Position of Authorized Representative	
	Date: <u>8-9-24</u>	

2 2 2024

