

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Alma Ridge, 1401 De Vries Highway, Lucena, Tuguegarao City

PHICATA P. 1008

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

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

PO No. 2024_255
Date: 10/10/2024

Terms of Payment: C.O.D.
Mode of Procurement: Shopping

Please deliver to this office within 30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	43	boxes	Blinder Clip, Backfold, 1", 25mm	23.00	989.00
2	50	boxes	Blinder Clip, Backfold, 19mm	14.00	700.00
3	100	pcs.	Sign Pen, Blue, liquid/gel ink, 0.5mm needle tip	22.75	2,275.00
4	36	pcs.	Sign Pen, Red, liquid/gel ink, 0.5mm needle tip	22.75	819.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			TOTAL		4,783.00
			VAT (5%/1.12)		233.53
			EWI (1%/1.12)		47.71
			PR No. 24-0902-0379 (5020301001)		
			PURPOSE: For PRO 1 Use, CM#2024-039 CY 2024 AFP Amendment Batch 9		
			TOTAL - NET		4,526.76

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: [Signature] AUTHORITY OF THE BUDGET OFFICER.

AYRIM P. AQUINO 10/11/2024
FC II

Very truly yours,

[Signature]
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

OCT 11 2024

Certified Budget Available: Funds Available in the amount of: 4,783.00	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief
With in the COB: 2024	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: 5020301001	
Budget: 4,783	
Remarks: ASSESSMENT 10/10/24	
Conforme: [Signature]	JOSEPHINE D. CLUTON, DBA DIVISION CHIEF IV OIC, DRVP
Signature over Printed Name and Position of Authorized Representative	

