REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation Trinidad Bldg, Yacapin-Corrales Sts. Cagayan de Oro City Telefax # 71-12-06

PURCHASE ORDER

Supplier: DOLCE VITA

Address: CAGAYAN DE ORO CITY Tel/Fax: 088-857-8368 RIV#: 662-08R

Date:

August 9, 2012

P.O.No.

Date :

1208P-306 August 13, 2012

Terms of payment

20-30 DAYS

Mode of Procurement Local

hopping

Supplier Registered with:

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

NO.	QTY.	Unit		ITEM DESCRIPTION	UNIT PRICE	TOTA	L AMT.
	2,052	pax		Snacks	\$0.00		500.00
			for EP	RS Orientation on LHIO-CDO			xxxxx
-		1	20000000	occnothing followsxxxxxxxxxxxx			^^^^
			,	Controlling follows			
							
			 				
				WITHIN TH	FREE	TON	
						\rightarrow	
				Attal	AD PAGUIL	A. LIM	UVI
	 	_			MANOME DE	ANNING Y	
		_			-		لبسيسا
	ļ		 				
			ļ				
			 		·		
			 				
			 	······································	<u> </u>	 	
	 		 		 	 	
	t		 		 	 	
	1		†		 	1	
		<u> </u>	1		 	 	
			1		 	 	
					<u> </u>	 	
					l	1	
						1	
	1						
•	1	1	1				

Co	nditi	ons

Conditions:

1. The agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each day of the delay as liq idated damages.

2. Render your bills in triplicate copies including the briginal.

3. If the date of the receipt of the P.O. by the dealer s not indicated, it shall be deemed received on the 10th working day from the date of the approval of the P.O.

4. For imported items, IMPORTATION DOCUMENT's specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.

Funds available in the amount of 152, 40 /

Very truly yours,

omptrollership Unit Head -Designate

Approved :

MARIA RHODE LUS. PARE
Chief Management Services
Division

Division

DATU MASIDING M. ALONTO, JR. **RVP PRO-10**

Received copy of P.O. on

Name and Signature of Supplier/Representative