

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
6flr Trinidad Bldg, Yacapin-Corrales Sts
Cagayan de Oro City
Telefax # 71-12-06

PURCHASE ORDER

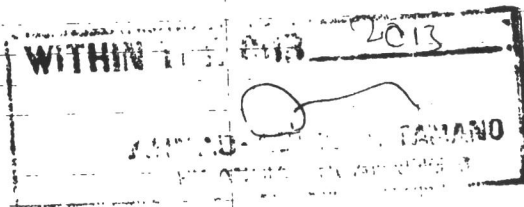
Supplier **DEU 818 CORPORATION (DEAR MANOK)**
Address **CAGAYAN DE ORO CITY**
Tel/Fax **856-4914 / 726390**
RIV # **002-01R**
Date **January 4, 2013**

P O No **1301P-002**
Date **January 9, 2013**
Terms of payment **20-30 DAYS**
Mode of Procurement **Local shopping**

Supplier Registered with

Please deliver to this office within 15 working days from receipt hereof the following

NO.	QTY.	Unit	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMT.
1	17	pax	Meals (Lunch)	218.28	3,710.76
			** nothing follows **	TOTAL	3,710.76
					XXXXXXXXXX



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 liquidated damages
- 2 Render your bills in triplicate copies including the original
- 3 If the date of the receipt of the P O by the dealer is 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 DOCUMENTS 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 3,710.76

FRANCIS A. DACUT

Comptrollership Unit Head -Designate

Approved

Very truly yours,

MARIA RHOELLA S. PARE
Chief Management Services
Division

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

Received copy of P O on

BY _____
Name and Signature of
Supplier/Representative