

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

PURCHASE ORDER

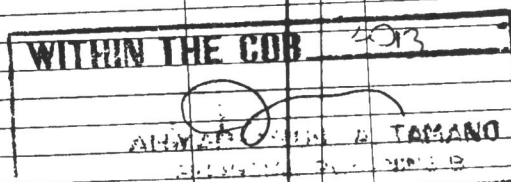
Supplier: **PEARLMONT INN**
Address: **CAGAYAN DE ORO CITY**
Tel/Fax: **088-856-2655**
RIV #: **184-02R**
Date: **February 22, 2013**

P.O.No. **1302P-058**
Date: **February 28, 2013**
Terms of payment: **20-30 DAYS**
Mode of Procurement: **Local shopping**

Supplier Registered with :

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

NO.	QTY.	Unit	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMT.
	160	pax	AM Snacks	80.00	12,800.00
	160	pax	Lunch	240.00	38,400.00
	160	pax	PM Snacks	80.00	12,800.00
			Others:		
			Electrical Charges	50.00	50.00
			for PFPR Consultation with LGU's	total	64,050.00
			on February 28, 2013		xxxxxxxxxxxxxx
			xxxxxxxxnothing followsxxxxx		



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 **64,050.00**

FRANCIS A. DACUT
Comptrollership Unit Head -Designate

Approved :

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

Very truly yours,

MARIA RHODELLA S. PARE
Chief Management Services
Division

Received copy of P.O. on

BY: **ARVIE B. DE VAS**
Name and Signature of
Supplier/Representative