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: Address: **BIGBY'S QUALITY FOOD CORPORATION**

Cagayan de oro city

Tel/Fax: RIV#:

088-857-5836

Date:

April 18, 2013

344-04R

P.O.No.

1304P-117

Date:

April 16, 201

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	
	35	pax	Lunch	200.00	7,000.	
	35	pax	AM Snacks	92.50	3,237.	
	35	pax	- PM Snacks	92.50	3,237.	50
			for Re- Orientation on Administrative Procurement	total	13,475.	
			Processes.		XXXXXXXXXXXX	
			xxxxxxxxnothing followsxxxxxxxxxxxx			
			10.3.	201	3	
			((0.10)	
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- 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 : \$\(\begin{aligned} 13, 435. \text{ \text{\phi}} \\ \phi \end{aligned}\$

Very truly yours,

FRANCIS A. DACUT 4/10 Comptrollership Unit Head -Designate

Approved:

MARIA RHODELLA S. PARE

Chief Management Services Division

DATU MASIDING M. ALONTO, JR.

RVP PRO-10

Received copy of P.O. on

Name and Signature of Supplier/Representative

FMAN