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

PURCHASE ORDER

Supplier.	N HOTEL,
Address	Cagayan de Oro

Tel/Fax : 088-1924 420-05R RIV#: May 9, 2013 Date:

P.O.No. May 16, 2013 Date : 20-30 DAYS Terms of payment Mode of Procurement Shopping

Supplier Registered with:

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

QTY.	Unit	ITEM DESCRIPT	ION	UNIT PRICE	TOTAL AMT.	_
				100.00	1 / /	3,800.00
		Dinner	/	250.00		9,500.00
1	1	for 2nd Quarter Apprai	al Meeting	total		13,300.00
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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 DOCUMENT\$ specifically showing the condition, senal numbers of the equipment purchased and tax receipts, should be submitted by the supplier.

13,300

Very truly yours,

MARIA RHODELLA S. PARE Chief Management Services Division

netrollership Unit Head -Designate

Approved:

DATU MASIDING M. ALONTO,JR.

RVP PRO-10

Received copy of P.O. on

Ms. Ami C. S

Name and Signature of Supplier/Representative

5/20/13