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

PARCHASE ORDER

NISSAN CAGAYAN DE ORO DIST. INC.

Address: Tel/Fax : Cagayan de oro City

RIV#:

088-858-4150 / 858 -5183 457-05R

Date:

5/24/2013

P.O.No.

1305P-162

Date :

May 27, 2013

Terms of payment

20-30 DAYS

Mode of Procurement

Exclusive Dist

Supplier Registered with:

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

NO.	QTY	Unit	ITEM DESCRIPTION	14,888.53	TOTAL AMT.
	1	рс	Head Light With Bulb (Right side)		14,883.53
	-	.F.=	(for Nissan Frontier)		XXXXXXXXXXXXXXXX
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Terms & Conditions:

- 1. Purchase Order (PO) shal be accepted by the supplier before the delivery of goods and/ or services
- 2. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO. 3.
- Philhealth shall have the right to reject and return the items and cance, the corresponding PO if goods delivered 4, are defective, incomplete or non-compliant as specification when quoted.
- 5. In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payr, ent made "In cash" or "in check" three (3) calendar days. Deliveries should be made within office hours on working days on or before the date stipulated in the PO.
- The agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of 6. undelivered order for each day of the delay as liquidated damages.

Very truly yours,

MARIA RHODELLA S. PARE Chief, Management Services Division

Funds available in the amount of

Comptrollership Unit Head Designate

Approved:

DATU MASIDING M. ALONTO, JR.

Regional Vice President

Received copy of P.O. o

By: Wwmn

Name and Signature of

Supplier/Representative

16/13

