## 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: DOLCE VITA

Address: Cagayan de oro City

Tel/Fax: 088-857-8368 RIV#: 462-05R

Date:

May 31, 2013

P.O.No.

1305P-177

DATE:

June 4, 2013

Terms of Payment:

20-30 DAYS

Mode of Procurement:

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
	61	pax	Snacks	80.00	4,880.00
			for Case Rates Updates, N-claims	No. years	XXXXXX
			Web and Claims System Orientation	n	
			to HCDMD personnel on June 04,	Vis.	
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Terms & Conditions:

- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services. 1.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO. 2.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO. 3.
- 4. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delive 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, Phil shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Deliveries should t within office hours on working days on or before the date stipulated in the PO.
- 6. 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.

Very truly yours,

Chief, Management Services Division

Funds available in the amount of : 474,880. 194

FRANCIS A. DAOUT 6/4
Comptrollership Unit Head -Designate

Approved:

DATU MASIDING M. ALONTOJR.

Regional Vice President

12/11/13