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

## **PURCHASE ORDER**

Supplier:

THAOKE ENTERPRISES

Address:

Cagayan de pro City

Tel/Fax:

088-858-6297

RIV#:

467-06R

Date:

June 03, 2013

P.O.No.

1306P-186

DATE:

June 14, 2013

Terms of Payment: 20-30 DAYS

Mode of Procurement: SHOPPING

Supplier Registered with:

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

NO.	QTY.	Unit	ITEN DESCRIPTION	UNIT PRICE	TOTAL AMT
	9	pax	AM Snacks	95.00	855.0
	9	pax	Lunch	247.50	2,227.5
	9	pax	PM Snacks	95.00	855.0
	1	4	xxxxxxxnothing followsxxxxxx	total	3,937.5
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Terms & Conditions:

- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/or services. 1.
- 2 NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of I
- 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 cancel the corresponding PO if goods del 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, F shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Deliveries shoul 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,

MARIA RHODELLA S. PARE Chief, Management Services Division

Funds available in the amount of:

Compte lership Unit Head -Designate

Approved:

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DATU MASIDING M. ALONTO, JR.

