

REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation

6flr.Trinidad Bldg, Yacapin-Corrales Sts.

Cagayan de Oro City

Telefax # 71-12-06

PURCHASE ORDER

C	m	
Supplier:	PHILCOPY	CORPORATION
A		

Address CAGAYAN DE ORO CITY Tel/Fax 08822-712632

RIV #: 509-06R Date: June 17, 2013
 P.O.No.
 1306P-208

 DATE:
 June 24, 2013

 Terms of Payment:
 Exclusive dist

 Mode of Procurement:
 SHOPPING

Supplier Registered with:

Please deliver to this office within 15 working days from receipt hereof the followir.g:

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NO.	QTY.	Unit	ITEM DESCRIPTION	Tu	NIT PRICE	TOTAL AME
	2	carts	Kyocera Ink, TK-110 FS820	+7		TOTAL AMT.
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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.
- 3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- 4. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered 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 payment 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.
- 6. The agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for sich, day of the delay as liquidated damages.

Very truly yours,

MARIA RHODE LA S. PARE
Chief, Management Services Division

Funds available in the amount of: 10, 304.

Comptrovership Unit Head -Designate

- Approved :

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DATU MASIDING M ALONTO, JR.

Regional Vice Fresident

FUND MANAGEMENT SECTION