

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

2013-08-00153

PURCHASE ORDER

Supplier: BIGBY'S QUALITY FOOD CORPORATION
Address: Cagayan de Oro City

Tel/Fax :

RIV #: 872-08R

Date: August 12, 2013

P.O.No.

1308P-280

DATE:

August 14, 2013

Terms of Payment:

20-30DAYS

Mode of Procurement

SHOPPING

Supplier Registered with :

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

NO.	QTY	Unit	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMT.
	51	pax	AM Snacks	85.00	4,335.00
	51	pax	Lunch	250.00	12,750.00
	51	pax	PM Snacks	85.00	4,335.00
			MCIS Retooling on August 13-15 2013		21,420.00
			xxxxxnothing followsxxxxx		x 3 days 64,260.00
					xxxxxxxxxxxxxx

Terms & Conditions:

1. Purchase Order (PO) shall 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.
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 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 shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Deliveries shall 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: ₱ 62,260.00

FRANCIS A. DACUT

Comptrollership Unit Head -Designate

Approved: _____

DATU MASIDING M. ALONTO, JR.

Regional Vice President

Received copy of PO of

By: _____

Name and Signature of
Supplier/Representative

FUND MANAGEMENT SECTION

RECEIVED

BY: _____ DATE: 8/14/13