

2013-08-00167

PURCHASE ORDER

Supplier: **BIGBY'S QUALITY FOOD CORPORATION**  
Address: **CAGAYAN DE ORO CITY**  
Tel/Fax: **088-857-5836**  
RIV #: **690-08R**  
Date: **August 12, 2013**

P.O. No. **1308P-283**  
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.
	<b>8</b>	<b>pax</b>	<b>Lunch</b>	<b>250.00</b>	<b>2,000.00</b>
			<b>for the conduct of Survey for</b>		<b>XXXXXXXX</b>
			<b>Regional Security Education</b>		
			<b>Training &amp; Awareness (SETA)</b>		
			<b>and Data Sanitation on</b>		
			<b>August 14, 2013</b>		
			<b>xxxxxnothing followsxxxxx</b>		

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 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 ordered.
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 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: **2,000.00**

**FRANCIS A. DACUT**  
Comptrollership Unit Head -Designate

Approved:

**ATU MASDING M. ALONTO, JR.**  
Regional Vice President

Received copy of P.O. from

By: **R. Ga**  
Name and Signature of  
Supplier/Representative

FUND MANAGEMENT SECTION

**RECEIVED**

BY: **Amos** DATE: **8/16/13**