REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation

6flr.Trinidad Bldg, Yacapin-Corrales Sts.

Cagayan de Oro City Telefax # 71-12-06

2013-04-50084

**PURCHASE ORDER** 

Supplier: H & M F@ODS

Address: Cagayan de orom city

Tel/Fax: 088-852-1895 RIV #: 727-08R

Date: August 29, 2013

Supplier Registered with

P O No

DATE

1308P-304 August 30, 2013

Terms of Payment Mode of Procurement

20-30DAYS

Negotiated Procurement-

Lease of Real Property & Venue

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

QTY Unit 30 pax ITEM DESCRIPTION Lunch

UNIT PRICE 250.00

TOTAL AMT

7,500.00

( meeting with the RVP on August 30, 2013)

xxxxxnothing followsxxxxx

XXXXXXXXXXXXXXX

## Terms & Conditions:

- Purchase Order (PO) shal be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- 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.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, Phill shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Deliveries should be within office hours on working days on or before the date stipulated in the PO
- 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

pptrollership Unit Head -Designate

Approved:

DATU MASIDING M. ALONTO, JR.

Regional Vice President

Received copy of P.O. on

6/13