## REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation 6flr. Trinidad Bldg, Yacapin-Corrales Sts.

Cagayan de Oro City Telefax # 71-12-06

2013-09-00061

PURCHASE ORDER

Supplier: PIMS TAILORING

Address: Cagayan de Oro city

Tel/Fax: 0919-567-4676

RIV #: 728-08R

Date: August 30, 2013 Supplier Registered with:

P.O.No.

1309P-310

DATE:

September 5, 2013

Terms of Payment:

20-30DAYS

Negotiated Procurement-Mode of Procurement .

Small Value Procurement

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

NO.	QTY.	Unit	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMT.
	31	pcs	T-skirts	450.00	13,950.00
		1	for the participants in the		XXXXXXXXXXXXXX
		*	Civil Service Commission		/
	1.		Inter-Agency friendly game	5.	
	1		xxxxnothing followsxxxxxx	(X	
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Terms & Conditions:

- Purchase Order (PO) shal be accepted by the supplier before the delivery of goods and/ or services. 1.
- 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 delivered 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, PhilHealth 5. 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.
  - 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,

S. PARE Chief, Management Services Division

Funds available in the amount of

Comptrøllership Unit Head -Designate

Approved:

DATU MASIDING M. ALONTO, JR.

Regional Vice President

1/18/13

Received copy of P.O. on

By:

Name and Signature of Supplier/Representative

FUND MANAGEMENT SECTION RECEIVED

9810 . DATE