

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

PURCHASE ORDER

2013-10-0317

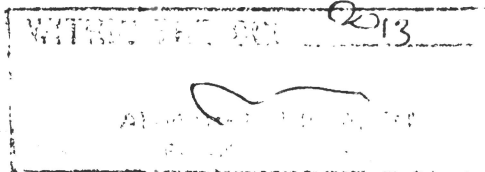
Supplier: BEBETH'S CASSEROLE  
Address: Baroy, Lanao del Norte  
Tel/Fax : 063-373-6409  
RIV #: 884-10R  
Date: October 23, 2013

P O No 1310P-375  
DATE October 25, 2013  
Terms of Payment 20-30 DAYS  
Mode of Procurement Negotiated Procurement  
Lease of Real Property & Venue

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.
	300	pcs	Meals	50.00	15,000.00
for Orientation on the PCB1 package to DepEd Employees in Lanao del Norte on October 31, 2013 xxxxxnothing followsxxxxx					XXXXXXXXXXXXXXXXXX



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 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 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 ₱ 15,000.00

FRANCIS A. DACUT  
Comptrollership Unit Head -Designate

Approved :

DATU MASIDING M. ALONTO, JR.  
Regional Vice President

Received copy of P.O. on \_\_\_\_\_

By: \_\_\_\_\_  
Name and Signature of  
Supplier/Representative

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