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

Cagayan de Oro City Telefax # 71-12-06

PURCHASE ORDER

H& M FOODS Address: Cagayan de Oro City

Tel/Fax 088-852-1895 FVP-018-05R RIV# Date.

May 15, 2013

P.O.No. Date :

FVP-011-05P May 15, 2013

Terms of payment Mode of Procurement : 20-30 DAYS

SHOPPING

Supplier Registered with

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

14	Detx	AM Spacks	UNIT PRICE	TOTAL AMT.				
14	pax		100.00	1,400.00				
14	pax	Lunch	250.00	3,500.00				
		PM Snacks for Sajahatra Bangsamero Orientation on May 16, 2013	100.00 total	1,400.00 6,300.00 xxxxxxxxxxxxxx				
					-	xxxxxxxnothing followsxxxxxxx		
			+					
		THIN THE COU	erage. Destanding					
		HIN THE COS	2013					
			177					
		1	1-11					
		ALIMA - NIII	1 de la seria					
		Second or Linear Street or						

- 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 PhilMealth before the acceptance of PO. 3.
- 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 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,

MARIA RHODEL

Funds available in the amount of

Comprollership Unit Head Designate

Approved:

DATU MASIDING M. ALONTOJR.

Regional Vice President

Received copy of P.O. on _

Name and signature of Supplier/Representative

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