

Philippine Health Insurance Corporation Regional Office - X

6thFlr. Trinidad Bldg., Yacapin-Corrales Sts.

Cagayan de Oro City

Sdpplier

TOYOTA CAGAYAN DE ORO, INC.

Address

Cag. De Oro City 08822-735-846

Tel/Fax R.I.V.#

039-01R

Date:

January 26, 2016

P.O.No.

1601#-010

DATE:

January 28, 2016

Terms of Payment

20-30 days

Mode of Procurement

Exclusive Dist.

Supplier Registered with:

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

| NO. | QTY. | Unit | ITEN | DESCRIPTION | UNIT PRICE |) TOTAL | AMT |
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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 P.O.
- 3. Non availability of stock shall be made known to PhilHealth before the acceptance of P.O.
- 4. PhilHealth shall have the right to reject and return the items and cancel the corresponding P.O if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- 5. In case of returned/rejected items which cannot from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Deliveries should be made within 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. MONSANTO
Chief, Management Services Division

FRANCIS A. DACUT

Comptrollership Unit Head -Designate

Approved:

roved: ___1___.

DATU MASIDING M. ALONTO, JR.

RVP PRO X concurrent OIC,AVP for Mindanao

Received copy of P.Ono

Name and Signature of Supplier/Representative

SUND MANAGEMENT SECTION

RECEIVED

Auli DATE 18816