

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
Regional Office - X 20
6th Flr. Trinidad Bldg., Yacapin-Corrales Sts.
Cagayan de Oro City

2016-02-00024

Supplier TOYOTA CAGAYAN DE ORO, INC.
Address Cag. De Oro City
Tel/Fax 08822-735-846
R.I.V.# 053-01R
Date: January 29, 2016

P.O.No.	1602P-014
DATE:	February 1, 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:

[illegible]**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 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. MONSANTO
Chief, Management Services Division

Funds available in the amount of: $\cancel{75} \times 4,166.43$

FRANCIS A. DACUT
Comptrollership Unit Head - Designate

Approved :

DATU MASIDING M. ALONTO, JR. 2/3/16
RVP PRO X concurrent OIC, AVP for Mindanao

Received copy of P.O. on _____

By: [Signature]
Name and Signature of
Supplier/Representative

FUND MANAGEMENT SECTION

RECEIVED

DATE _____