

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

**Supplier** LIMKETKAI HOTEL  
**Address** Cagayan de Oro City  
**Tel/Fax** 088-880-0900  
**R.I.V.#** 056-02R  
**Date:** February 01, 2016

P.O.No. 1602P-027

**DATE:** February 11, 2016

Terms of Payment	20-30 days
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Mode of Procurement	Negotiated Procurement-
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## Small Value Procurement

Supplier Registered with :

Please deliver to this office within 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 :

FRANCIS AZDAGUT

**Comptrollership Unit Head -Designate**

**Approved :**

**DATU MASIDING M. ALONTO,JR.**

**RVP PRO X concurrent OIC,AVP for Mindanao**

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

By:

Name and Signature of \_\_\_\_\_