

**Philippine Health Insurance Corporation**

## Regional Office - X

6th Flr. Trinidad Bldg., Yacapin-Corrales Sts.  
Cagayan de Oro City

Supplier: **ANTONIO TY OR WILSON TY**

**Address** **Cagayan de Oro City**

**Tel/Fax 088-857-5568**

**R.I.V.# 086-02R**

**Date: February 09, 2016**

P.O.No. 1602P-028

DATE: February 11, 2016

Terms of Payment **20-30 days**

Mode of Procurement ☒ Negotiated Procurement-  
☒ Small Value Procurement

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 RHODE/ LA S. MONSANTO**  
Chief, Management Services Division

Funds available in the amount of: ₹ 1,21,220

FRANCIS A. DACUT  
Comptrollership Unit Head -Designate

**Approved :**

DATU MASIDING M. ALONTO, JR.  
RVP PRO X concurrent OIC, AVP for Mindanao

Received copy of P.O. An

By: ERUNDIA DERNALDO  
Name and Signature of  
Supplier/Representative