

REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation

Regional Office - X

6thFlr. Trinidad Bldg., Yacapin-Corrales 2ts 1 6 - 0 2 - 0 0 1 7 2 Cagayan de Oro City

Supplier BIGBY'S QUALITY FOOD CORPORATION

Address Cagayan de Oro City

Tel/Fax 088-4855-1602

R.I.V.# 999-02R

Date: February 09, 2016

P.O.No.

1**6**02P-036

DATE:

February 19, 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:

NO.	QTY.	Unit	ITE	M DESCRIPTION	UNIT PRICE	T	TAL AMT.
	75	рах	PM Snacks for Employers MOVE on Feb.23 ,2016		100.00		,500.00 xxxx
				ng followsxxxxxx			
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- 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 retund 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. MOI SANTO
Chief, Management Services Division

Funds available in the amount of :

Comptrøllership Unit Head -Designate

Approved :

DATU MASIDING M. ALONTO, JR. # 128 114

RVP PRO X concurrent OIC, AVP for Mindanao

Received copy of P.O. or Many 62/20

: ABG Ame May

Name and Signature of Supplier/Representative