

REPUBILIC OF THE PHILIPPINES Philippine Health Insurance Corporation Regional Office - X

03-00011

6thFlr. Trinidad Bldg., Yacapin-Corrales Sts. Qagayan de Oro City

Supplier

THAOKE DE ORO FOOD CORP.

Address

Cagayan de oro city

Tel/Fax R.I.V.#

09274162068 148-02R

Date:

February 19, 2016

P.O.No.

1602P-**4**51

DATE:

February 29 2016

Terms of Payme

20-30 days

Mode of Procurement

Small Value Procurement

Supplier Registered with:

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

NO.	QTY.	Unit	ITEM DES	CRIPTION	UNIT PRICE	TOTAL A	IT
	19	pax	/ PM S	nacks	200.00	1	00.00
		į į	for FMS	meeting		XXXXX	
			on EFPS (Prientation			
			on March	03, 2016			
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				AMERICA	ARUN, A. TAMA Del Clarang	I	
				Control of the Contro	And Egyption of Control of the Contr		
rms & Con	nditions:						

- 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 I quidated damages.

Very truly yours,

MARIA RHODELLA S. MONSAL TO Chief, Management Services Di ision

Funds available in the

FRANCIS A. DACOT offership Unit Head -Designate

Approved:

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DATU MASIDING M. ALONTO, JR.

RVP PRO X concurrent OIC, AVP for Mindanao

Received copy of F

2016

(Kerl)

Name and Signature of Supplier/Representative

FUND MANAGEMENT SECTION

RECEIVED

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DATE _