## REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation

Regional Office - X

6thFlr. Trini<mark>d</mark>ad Bldg., Yacapin-Corrales Sts. Cagayan de Oro City

Supplier

GLORIETTA MARKETING CORPORATION

Address

Corrales-Yacapin sts., Cag de orp city

Tel/Fax R.I.V.#

088-857-5412

Date:

1605P#457 May 18, 2016 P.O.No.

1605P-202

DATE:

May 30, 2016

Terms of Payment

20-30 days

Mode of Procurement

Negotiated Procurement-

Supplier Registered with:

Small Value Procurement

Please deliver to this office within 20 working days from receipt hereof the following:

	QTY.	Unit	ITT A DECC				
	-5		ITEM DESC		UNIT PRICE	TOT	AL AN
		pcs	Rechargeable E	Battery double	385.00	1	,925.0
	1	рс	Digital Battery Char	ger for double AA	480.00		480.0
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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 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 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. or

ROMEO T PAGARA Name and Signature of Supplier/Representativ