

Supplier

Tel/Fax



## REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation Regional Office - X

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

LEGACY SALES & PRINTING PRESS

Antonio Luna ext., Cagayan de oro city Address

088-856-4506

417-05R R.I.V.# May 05, 2016 Date:

P.O.No. 1605P-204

May 30, 2016

20-30 DAYS Terms of Payment:

Negotiated Procurement-Small Value Procurement Mode of Procurement

Supplier Registered with:

Please deliver to this office within 30 working days from receipt hereof the following:

NO.	QTY. Unit			M DESCRIPTION		UNIT PRICE		TOTAL
	1836	pcs	PEERS ID with	Plastic cover & clips	/	7.00	/ 1	2,852.00
			(ek 189 b	/b, colored, 2.27x3.64)				XXXXX
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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

FRANCIS A. DACU

Comptrollership Unit Head -Designate

Approved:

DATU MASIDING M. ALONTO, JR.

RVP PRO X concurrent OIC, AVP for Min

1000 cel Name and Signature of

Supplier/Representative