



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

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

Supplier

H & M FOODS

Address

Level 01, Robinsons mall

Tel/Fax P.R.#

0917-7074993

Date:

1605PR-502 May 26, 2016

1605P-209

DATE:

P.O.No.

May 31, 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	TOTAL AMT.
	10	pax	A	M Snacks	350.00	3,500.00
			for Accredit	ation Sub-Committee		xxxxxx
			on	May 31,2016		
			xxxnot	ning followsxxxxx		
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				AHAG	P-AQUIL A. TAMAN	0
				In the second se	ANCIAL PLANNING B	

Terms & Conditions:

- 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 mptrøllership Unit Head -Designate

Approved:

DATU MASIDING M. ALONTO, JR.

RVP PRO X concurrent OIC, AVP for Mindanao

Name and Signature of Supplier/Representative

FUND MANAGEMENT SECTION

RECEIVED

BY: AND DATE 6/7.16