

Philippine Health Insurance Corporation Regional Office - X

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

Supplier

GAZPACHO'S RESTAURANT

Address

City Hall drive, Iligan City

Tel/Fax

063-221-5215

R.I.V.# Date: 1605PR-473 May 23, 2016 P.O.No.

1606P-222

DATE:

June 9, 2016

Terms of Payment:

20-30 DAYS

Mode of Procurement

Negotiated Procurement-

Supplier Registered with:

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

NO.	QTY.	Unit		ATEM DESCRIPTION	UNIT PRI	CE	TOTAL AMT.
	200	pax	Snacks	(for July 07,2016-Bacolod)		.00	15,000.00
/	500	pax		(for July 12,2016-Iligan City)		.00	37,500.00
-1/		-	10	ALAGA Ka Municipal	/	1	52,500.00
				Caravan			XXXXXXXXX
			хххх	xnothing followsxxxxx		1	
				WITHIN THE	COB	2014	
				Story	- AMHIL A	. TAM	ANO

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.
- 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.
- 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 RHOBELLA S. MONSANTO Chief, Management Services Division

FRANCIS A. DACOT

FRANCIS A. DACOT

Comptrollership Unit Head -Designate

Approved:

d: 0 · L ·

DATU MASIDING M. ALONTO JR.

Received capy of P. a. pn 6/4/2014

Name and Signature of Supplier/Representative

ANULU DATE GLOCIO