

REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation

Regional Office - X

2016-06-00

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

Supplier NEW CAGAYAN UNIVERSAL HARDWARE

Address Cagayan de oro city

Tel/Fax 086-856-6145 P.R..# 1606PR-539

Date: June 09, 2016

P.O.No. 1606P-237

DATE: June 21, 2016

Terms of Payment:

20-30 DAYS

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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	ITEM	DESCRIPTION	UNIT PRICE		TOTAL
	10	pcs	PVC Mou	ding 1" x 2" x 8"	380.0	0 /3	,800.00
			for Integrated Plann	ng and Budget Forum	1	<i>></i>	xxxxxx
			on Jur	e 21-23, 2016			
			xxxxxnothir	g followsxxxxxxxx			
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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 the amount of :_

Comptrollership Unit Head -Designate

Approved :

DATU MASIDING M. ALONTO, JR.

RVP PRO X concurrent OIC,AVP for Mindanao

Received copy of P.O on _

Name and Signature of Supplier/Representative

FUND MANAGEMENT SECTION

RECEIVED Aulur

BY: _

DATE

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