



6thFlr. Trinidad Bldg., Yacapin-Corrales Sts. Cagayan de Oro Cit**2 0 1 6** - **0** 7 - **1** 0 1 5

THE VIP HOTEL Supplier

Velez-Borja sts., Cagayan de oro city Address

Tel/Fax P.R.#

08822-727360 1606PR-559

Date:

June 16, 2016

P.O.No.

1607P-273

DATE:

July 12, 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	ITEM	DESCRIPTION	UNIT PRICE	T	TAL AMT.
	182	pax	)	Lunch	280.00	5	0,960.00
			for the Cond	uct of SHINES of		/	XXX
			PRO X Cas	ual Employees '			
			xxxxnoth	ng followsxxxx			
					0	and the same	
				(NATION THE	108 Colb	the state of the s	
				11272	<b>~</b>		
				AHIS	T-ABUIL A. TA	18010	1
				E10	ANCIAL PLANINI	18	1

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 Comptrollership Unit Head Designate

Approved : \_\_\_\_ / 1

DATU MASIDING M. ALONTO, JR.

RVP PRO X concurrent OIC, AVE for Mindanao

Name and Signature of Supplier/Representative

FUND MANAGEMENT SECTION

RECEIVED

SY: Aller DATE