

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

6thFlr. Trinidad Bldg., Yacapin-Corrales Sts.

THAOKE DE ORO FOOD CORPORATION Supplier

G/F Røbinsons Mall, Cag de ord city Address

Tel/Fax 088-880-5180 1606PR-647 P.R..#

July 13, 2016 Date:

2016-07-00207

P.O.No. 1607P-278

DATE: July 18, 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	ľ	EM DESCRIPTION	UNIT PRICE		OTAL
	10	pax	7	Lunch	350.00	/3,	500.00
			for Accred	itation Sub-Committee)	XXXX
			Committe	e meeting on July 21,			
				2016			
			xxxxr	othing followsxxxxx			
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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.
- 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:

DATU MASIDING M. ALONTO, JR.

RVP PRO X concurrent OIC, AVP for Mindanao

Received copy of P.O. on

ARUM WIM Name and Signature of

Supplier/Representative

FUND MANAGEMENT SECTION

RECEIVED

Archi

DATE FIR.16