

Philippine Health Insurance Corporation Regional Office - X

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

LIMKETKAI HOTEL & RESORTS CORPORATION Supplier LIMKETKAI Avenue, LKKC, Lapacan, Cag. De Oro city Address

Tel/Fax 088-880-0000

1607PR-603 P.R..# Date: July 04, 2016

DATE:

P.O.No.

1607P-279

2016-07-00208

Terms of Payment: Mode of Procurement

July 18, 2016 20-30 DAYS

Negotiated Procurement-Shopping-PS/DBM

Supplier Registered with:

Please deliver to this office within 30 working days from receipt hereof the following

NO.	QTY.	Unit	1	TEM/DESCRIPTION	UNIT PRICE	-	AL AMT.
	40	pax	/	AM Snacks	100.00		000.00
	40	pax		Lunch	350.00	-	000.00
4			for FGD	with Accredited Clinics,		-	000.00
				CI Portal users under the		100	XXXXX
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- 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 RHOPELLA S. MONSANTO Chief, Management Services Division

Funds available in the amount of

FRANCIS A. DAC Comptrollership Unit Head -Designate

Approved:

DATU MASIDING M. ALONTO, JR.

RVP PRO X concurrent OIC.AVP for Mindanan

Received copy of P.O.

Qagohoy,

Name and Signature of Supplier/Representative

FUND MANAGEMENT SECTION

RECEIVED

Auly DATE The. IL