

2016-07-00212

Supplier **DOLCE VITA CATERING & SERVICES**
Address **Capistrano Corner Kalambaguan St., Cag de oro city**
Tel/Fax **0917-7249331**
R.I.V.# **1607PR-661**
Date: **July 15, 2016**

P.O.No. 1607P-295
DATE: July 22, 2016

Terms of Payment: 20-30 DAYS


Mode of Procurement	Negotiated Procurement- Small Value Procurement
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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 AMT.
	50	pax	AM Snacks	200.00	10,000.00
	50	pax	Lunch	350.00	17,500.00
			for Fire Drill Orientation on		27,500.00
			25-Jul-16		xxxxxxxxxx
			xxxxnothing followsxxxx		

WITHIN THE COV. 2016



AHMAD-ADUIL A. TAMANO
FINANCIAL PLANNING 3

Terms & Conditions:

1. Purchase Order (PO) should 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 RHOELLA 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 _____

By: Nate Wilson
Name and Signature of
Supplier/Representative

FUND MANAGEMENT SECTION

RECEIVED

BY: Haley DATE 7/26/16

$$7 \mid 27 \mid 14$$