

1 Printed Name and Josition of Author ed Representative

## Akia Bidg. Old De Veneel: Hignway, Lucao, Dagupan City

		S SUPERMARKET INC.		27.1
ddress:		San Carlos City, Panga	inan Date: 3/22/2023	
el.Fax No.:	0932-62505	73	Terms of Payment: COD	
Supplier Registered with: 006-107-498-003 V		006-107-498-003 V	Mc de of Procurement: Negotiated Pr	ocu emen
			Small Value Pr	
Please d	eliver to this o	office within 1-2 days	om receipt hereof the following:	
מיץ.	UNIT		THEM DESCRIPTION UNIT PRICE TOTAL AN	IOUI T
33	btl	Ice Tea	25.65	1, 00.35
		xxxxxxxxxx Nothing	-ollows xxxxxxxxxxxxxxxx	
		Less:	TOTAL	.0( ).35
		VAT (5%/:		14.66
		PR No. 23-0315-0111	- Marie - Mari	77.00
		PURPOSE: For Womens	Ionth Celebration TOTAL - NET	9: 5.69
rms & Condi	tions:			
. In case of	failure to make	the full delivery within t	e time specified above, a penalty of one-tenth (1/1f i of one percent (1%) for every day of o	lelas shall h
imposed.		-		icia. man r
. For impor	ted items, IMP	ORTATION DOCUMENTS	becifically showing the condition, serial numbers of the equipment purchased, and tax receip	ats a good b
submitted	by the supplier.		The Equipment partitions, and tax receip	ots : outu t
. The contra	actine parties u	ndertake to comply with	"fice Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) whi	
incorporat	te into this Conti	ract. No PhilHealth nerson	e, shall solicit, demand, or accept, directly or indirectly any gift from any person, group, associati	ch ii deeme
entity, wh	ether from the n	ublic as asiusta santa at	any girt from any person, group, associate	on, udici
			whime on or off the work premises where such gift is a year in the course of efficient during	on, doid
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