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VELODITO OL THE AUTTIALINES

pine Health Insurance Corporati 709 CityState Center Bldg. TeleFax: 637-3158

PRID-PS-08

JOB ORDER

					on-Inventorial						
Supplier							Work Order No. 12-11-0			1-058	
Address	#25 Data St. Brgy. Don Manuel, Q.C.					_		Date:		November 5, 2012	
Tel.Fax No.	O. 346-4513, Fax No. 412-5048					-	Term of Payment: On Account			ccount	
Supplier Registered with: PHILHEALTH						- Mo	de of Proci	Procurement: Small Value Procurement			
							Office Order No. 0017, s. 2012				
Please	delive	to this	office within		10 worki	ng days			proval of final		
Note: Addi	tional 5	working	days to submit	for approval of	f text/sample						
NO.	QTY	UNIT	SERVICE DETAILS						UNIT PRICE	TOTAL AMOUNT	
1	150	pcs	T-SHIRT WITH C	OLLAR					165.00	24,750.00	
			Specifications:								
			Color: Blac	ck % Cotton, 30% P	Palitantan						
				per design front							
			Size:	M - 50	XL - 25						
				L - 75							
										24 750 00	
					LESS	S:				24,750.00	
						EWT 2%	441.96				
						GMP 5%	1,104.91			1,546.87	
										23,203.13	
			RIV #				1	1-0	31		
			12-0574 dtd	d. 08/14/12	CorComm - L	oida P. Ign	acio		~		
Terms & Conc	itions.										
Section at during Moi 1503 Citys 4. Delivery R 5. Defective, time of de 6. In case the right to ca 7. Payment s	least to Alberta te Ct eceipt incomplivery. E series ncel the hall be	wo (2) da (Fri (MWF r. Bldg. P and Sales patible or of layout e Job Ord made in	ys before the d). All item(s) sh asig City Invoice shall b non-compliant (design presenter (JO).	delivery. Use or hall be delivery or required for t of goods as to oted by the sup corresponding	f elevator sha ed and accep one-time cor o specification optier does no	all only be ted by the inplete delin in when quo bet satisfy the taxes within	from 09:00 to Procurement every of the soted shall be the end-user,	to 11:30 a. at Section a goods. a rejected the Corpo (b) working	days upon recei	3:00 p.m. com	
Certified Budget	Available	100	Funds Available in	the amount of:	Dhp24	750.00	APPRO		n Chief, PRSMD		
	6	my help			11/4	9/12	APPRO	LD.			
CORAZON M. TABULAU LILIA R. GARRIDO							9 11				
Fiscal Controller III Fiscal/Controller III							10-11/9/2				
Within the COB:	n.	13				1			. TUĽIÁO, CESO	V	
Expense Code:	20	the state of the same of the s	100)	-					Manager, PRID OF THE AGENCY		
Budget: \$24,750									OF THE AGENCY Ized Representative	e	
Remarks:	arge	to Con	Comm						•		
CONFORME:		0110	100 100				P :				
	Ma	nvo	8 MIL	eron M	10 CH	. 4		ed copy of			
	- 0)	Signature	over Printed Nan	ne and Position	of authorized		100	1 - V	2-2017	_	

representative

Date