

JOB ORDER

12-01-02
February 2, 2012
on account
LOCAL SHOPPING

Please deliver to this office within 20 days from receipt hereof the following:

NO	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	4000	pcs	MEMBERS INFO KIT	11.00	44,000.00
			Specification:		
			Specification:		
			Size : 9.5" x 9" spread		
			4.75" x 9" folded		
			Horizontal Pocket at right side: 4.75" x 3.75"		
			PhilHealth ID Pocket at left side: 4" x 5.5"		
			Paper Stock :C2S #220		
			Others: with folding		
2	100,000		PRINTING/GENERATION OF SPONSORED PROGRAM PHILHEALTH IDENTIFICATION CARD	0.30	30,000.00
			with the following specifications:		
			SIZE: 9cm x 6cm per card		
			STOCK: VELLUM100 LBS		
			COLOR: Full Color, 2 sided print		
			PROCESS: Offset Printing		
			nothing follows	TOTAL	74,000.00
			Less: WVAT 5%	3,700.00	
			EVAT 2%	1,480.00	5,180.00
			*per RIV # 2012-01-09 and 2012-01-13 both dated January 9, 2012		
TOTAL					68,820.00

Conditions:

1. The agency shall impose penalty in an amount equivalent to 1/10 percent of the total value of undelivered order for each day of the delay as liquidated damages.
2. Render your bills in triplicate copies including the original.
3. If the date of receipt of the J.O. by the dealer is not indicated, it shall be deemed on the 10th working day from the date of the approval of the J.O.
4. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of equipment purchased, and tax receipts, should be submitted by the supplier.

Very truly yours,

Funds Available in the amount of **P 74,000.00**

ARACELI J. LAINEZ
Division Chief IV - MSD

CATALINA R. AMATUS
Fiscal Controller IV

APPROVED:

PAOLO JOHANN C. PERI
Regional Vice-President

Date Approved: 1 2-6-12

Received copy of J.O. on

By

Printed Name and Signature
of Supplier/Representative