

*Republic of the Philippines*  
**Philippine Health Insurance Corporation**  
**PHILHEALTH REGIONAL OFFICE - CORDILLERA ADMINISTRATIVE REGION**  
 Management Services Division  
 4/F SSS Bldg., Harrison Road, Baguio City  
 Tel. # (074) 444-9862 / 444-8361 / 446-0371

## JOB ORDER

Supplier: Maranatha Ads  
 Address: 19 T. Alonzo St., Baguio City  
 Tel./Fax No.: 424-4599  
 Supplier Registered with: \_\_\_\_\_

J.O. No.: J-12-009  
 Date: March 1, 2012  
 Term/s of Payment: On Account  
 Mode of Procurement: Negotiated Procurement

Please deliver to this office within 3 days from receipt hereof the following:

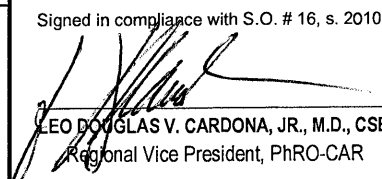
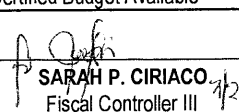
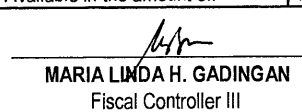
NO.	QTY	UNIT	ITEM	UNIT PRICE	TOTAL AMOUNT
1	2	pc	Tarpaulin, 4' x 6' (Turn-Over Backdrop & Welcome EPB & Party)	336.00	672.00
2	3	pc	Tarpaulin, 3' x 6' ( Welcome EPB & Party)	252.00	756.00
3	10	pc	Tarpaulin, 3' x 4' (7-Slogan;3-Welcome Back)	168.00	1,680.00
			<b>Total</b>		<b>3,108.00</b>
			Less: 3% Final Tax	93.24	
			2% EWT	62.16	155.40
			<b>Net of Tax</b>		<b>2,952.60</b>

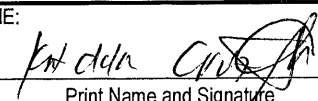
**Terms & Conditions:**

- The agency shall impose penalty in an amount equivalent to 1/10 of 1% of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Purchase Order/P.O. by the dealer is not indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative either through fax or e-mail.
- Delivery Receipt and Sales Invoice shall be required for the one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
- Payment shall be made in full subject to corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

Very truly yours,

  
**MELDA CRISTETA D. VILLAMAR**  
 Division Chief, MSD

Certified Budget Available	Funds Available in the amount of:	PHP	<b>3,108.00</b>	<b>APPROVED:</b> Signed in compliance with S.O. # 16, s. 2010  <b>LEO DOUGLAS V. CARDONA, JR., M.D., CSE</b> Regional Vice President, PhRO-CAR
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">   <b>SARAH P. CIRIACO</b>          Fiscal Controller III       </div> <div style="width: 45%;">   <b>MARIA LINDA H. GADINGAN</b>          Fiscal Controller III       </div> </div>				
Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____				

Received Copy of J.O. on _____	CONFORME:  Print Name and Signature of Supplier/Representative
--------------------------------	--