

Republic of the Philippines  
**PHILHEALTH REGIONAL OFFICE -CAR**  
 4/F SSS Bldg., Hamson Road, Baguio City  
 Tel. # (074) 444-9862 / 444-8361 / 446-0371

**JOB ORDER**

|   |   |
|---|---|
| Supplier: <u>Copylandia Document Solutions Provider</u> | J.O. No.: <u>J-12-017</u>               |
| Address: <u>G/F Paladin Hotel # 136 Abanao Ext.B.C.</u> | Date: <u>4/13/2012</u>                  |
| Tel./Fax No.: <u>047-4465356</u>                        | Term/s of Payment: <u>C.O.D</u>         |
| Supplier Registered with: _____                         | Mode of Procurement: <u>small value</u> |

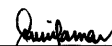
Please deliver to this office within 5days from receipt hereof the following:

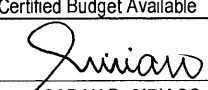

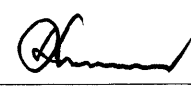
| NO. | QTY | UNIT |                              | UNIT PRICE      | TOTAL AMOUNT     |
|-----|-----|------|------------------------------|-----------------|------------------|
|     |     |      | Repair of Xerox Machine      |                 |                  |
| 1   | 1   | uint | Drum for Ineo(DR 310)        | 7,500.00        | 7,500.00         |
| 2   | 1   | pc   | Developer for Ineo(DV 310)   | 4,500.00        | 4,500.00         |
| 3   | 1   | pc   | Develop Developing unit      | 9,700.00        | 9,700.00         |
| 3   | 1   | pc   | Develop Transfer Roller Unit | 1,774.00        | 1,774.00         |
|     |     |      |                              |                 |                  |
|     |     |      |                              |                 |                  |
|     |     |      |                              |                 |                  |
|     |     |      | <b>Total</b>                 |                 | <b>23,474.00</b> |
|     |     |      | Less: 5% Final Tax           | 1,047.95        |                  |
|     |     |      | 2% EWT                       | 419.18          | 1,467.13         |
|     |     |      | <b>Net of Tax</b>            | <b>1,467.13</b> | <b>22,006.88</b> |
|     |     |      |                              |                 |                  |
|     |     |      |                              |                 |                  |
|     |     |      |                              |                 |                  |
|     |     |      |                              |                 |                  |
|     |     |      |                              |                 |                  |

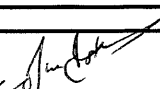
**Terms & Conditions:**

- 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,

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

|  |                                   |     |           |   |
|--|-----------------------------------|-----|-----------|---|
| Certified Budget Available   | Funds Available in the amount of: | PhP | 23,474.00 | APPROVED:   |
| <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <br/> <b>SARAH P. CIRIACO</b><br/>           Fiscal Controller III         </div> <div style="text-align: center;"> <br/> <b>Maria Linda H. Gadingan</b><br/>           Fiscal Controller III         </div> </div> |                                   |     |           | <br><b>ELVIRA C. VER</b><br>Regional Vice President, PhRO-CAR<br><div style="font-size: 1.5em; font-weight: bold;">4/13/12</div> |
| Within the COB: _____<br>Expense Code: _____<br>Budget: _____<br>Remarks: _____  |                                   |     |           |   |
|  |                                   |     |           |   |
|  |                                   |     |           |   |

|  |   |
|--|---|
| Received Copy of J.O. on <u>04/17/2012</u> | CONFORME:<br><div style="text-align: center;"> <br/> <b>OLIVER ESTEPA</b><br/>         Print Name and Signature<br/>         of Supplier/Representative       </div> |
|--|---|