

## JOB ORDER

Supplier: MARANATHA ADVERTISING J.O. No.: J-12-023  
 Address: 19 T. Alonzon, Baguio City Date: 5/29/2012  
 Tel./Fax No.: \_\_\_\_\_ Term/s of Payment: on account  
 Supplier Registered with: \_\_\_\_\_ Mode of Procurement: \_\_\_\_\_

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


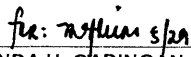
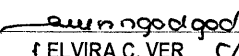
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	pc.	4 x 8 - Tarpaulin for Orientation of Representatives of Community Health Teams of Baguio City	448.00	448.00
2	1	pc.	4 x 7 - Tarpaulin for Orientation of 4 P's Parent Leaders of Baguio City & MOA Signing w/ City of Baguio	392.00	392.00
3	1	pc.	3 x 6 -	252.00	252.00
4	1	pc.	3 x 6 - Tarpaulin for LHIO Abra MOA Signing	252.00	252.00
5	21	pc.	4 x 8 - PCB1 Orientation	448.00	896.00
			Total		2,240.00
			Less:		
			3% Final Tax - 67.20		
			2% ExWt - 44.80		112.00
			NET OF TAX		P 2,128.00

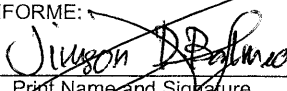
**Terms & Conditions:**

- 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 <u>2,128.00</u>	APPROVED:
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">   <b>SARAH P. CIRIACO</b>            Fiscal Controller III         </div> <div style="text-align: center;">   <b>MARIA LINDA H. GADINGAN</b>            Fiscal Controller III         </div> </div>		<div style="text-align: center;">   <b>ELVIRA C. VER</b>            Regional Vice President, PhRO-CAR         </div>
Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____		

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