

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-12-028
 Date: 6-Jun-12
 Term/s of Payment: On Account
 Mode of Procurement: Small Value

Please deliver to this office within 15 days from receipt hereof of the following:



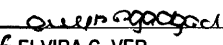
NO.	QTY	UNIT	ITEM	UNIT PRICE	TOTAL AMOUNT
1	1	pc	Tarpaulin, 3' x 6' (Migrant Workers' Day)	252.00	252.00
			Total		252.00
			Less: 3% Final Tax 7.56		
			2% EWT 5.04		12.60
			Net of Tax		239.40

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.

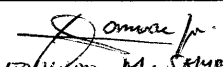
Very truly yours,


IMELDA CRISTETA D. VILLAMAR
 Division Chief, MSD

Certified Budget Available	Funds Available in the amount of:	PhP 252.00	APPROVED:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  LILIBETH M. PALACI Fiscal Controller I/ Budget Officer Designate </div> <div style="width: 45%;">  MARIA LINDA H. GADINGAN Fiscal Controller III </div> </div>			 ELVIRA C. VER Regional Vice President, PhRO-CAR
<div style="border: 1px solid black; padding: 5px;"> Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____ </div>			

CONFORME:

Received Copy of J.O. on _____


 Print Name and Signature
 of Supplier/Representative