

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: <u>Maranatha Ads</u>	J.O. No.: <u>J-12-030</u>
Address: <u>19 T. Alonzo St., Baguio City</u>	Date: <u>27-Jun-12</u>
Tel./Fax No.: <u>424-4599</u>	Term/s of Payment: <u>On Account</u>
Supplier Registered with: _____	Mode of Procurement: <u>Small Value</u>

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



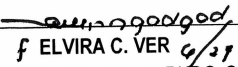
NO.	QTY	UNIT	I T E M	UNIT PRICE	TOTAL AMOUNT
			Tarpaulin Printing:		
1	7	pcs	"No to Fixer", 18" x 24"	42.00	294.00
2	7	pcs	"No Noon Break", 18" x 24"	42.00	294.00
3	4	pcs	Vision Mission, 18" x 24"	42.00	168.00
4	4	pcs	Service Pledge, 18" x 24"	42.00	168.00
5	4	pcs	Feedback & Redress Mechanism, 18" x 24"	42.00	168.00
			Total		1,092.00
			Less: 3% Final Tax	32.76	
			2% EWT	21.84	54.60
			Net of Tax		1,037.40

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 1,092.00	APPROVED:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  LILIBETH M. PALACI Fiscal Controller I/ Budget Officer-Des. </div> <div style="width: 45%;">  MARIA LINDA H. GADINGAN Fiscal Controller III </div> </div>			 ELVIRA C. VER Regional Vice President, PRO-CAR
Within the COB: _____			
Expense Code: _____			
Budget: _____ Remarks: _____			

CONFORME:

Received Copy of J.O. on _____

 Print Name and Signature
 of Supplier/Representative