## Republic of the Philippines

## PHILHEALTH REGIONAL OFFICE -CAR

4/F SSS Bldg., Harrison Road, Baguio City Tel. # (074) 444-9862 / 444-8361 / 446-0371

## JOB ORDER

NO. QTY 1 86  Terms & Conditions:			2 days  (34" X 22")***5.18 SQ. FT***  3% Final Tax 2% EWT	Date: Term/s of Payment: Mode of Procurement:  167-96 111-87 111-7 278.43	from receipt here UNIT PRICE 72.52	80/2012 account all value eof the following:  TOTAL AMOUNT 6,236.72  6,236.72  3/1.83 276.43 5,958.30
Supplier Registered with:  Please deli  NO. QTY  1 86  Terms & Conditions:  1. The agency shall importance importance in the condition of the	ver to this office	PCB1 Tarpaulin  Total Less:	(34" X 22")***5.18 SQ. FT***  3% Final Tax	167-86   187 . 10 111-87   144 - 73	from receipt here UNIT PRICE 72.52	6,236.72
NO. QTY  1 86  Terms & Conditions:  1. The agency shall importance importance in the condition of the condit	UNIT	PCB1 Tarpaulin  Total Less:	(34" X 22")***5.18 SQ. FT***  3% Final Tax	111.27 IM.73	UNIT PRICE 72.52	6,236.72 6,236.72 6,236.72
Terms & Conditions:  1. The agency shall importance of the condition of th		Total Less:	3% Final Tax	111.27 IM.73	72.52	6,236.72 6,236.72 311.83 278.43
Terms & Conditions:  1. The agency shall impo	pcs	Total Less:	3% Final Tax	111.27 IM.73		6,236.72
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1. The agency shall impo		Less:		111.27 IM.73		311-83 278.43
1. The agency shall impo				111.27 IM.73		
1. The agency shall impo		Net of Tax	2/0 EVV1			
1. The agency shall impo		Net of Tax		270.43		
1. The agency shall impo						\$294. 5924.89
1. The agency shall impo						•
1. The agency shall impo						
<ol> <li>Defective, incompatible delivery.</li> </ol>	e or non-compl e in full subject	iant of goods as to	government taxes within fifteen (	be rejected and returned at the time		
				, ,	0-0	
				IME	IMELDA CRISTETA D. VILLAMAR Division Chief, MSD	
Certified Budget Available	9	Funds Available	e in the amount of:   PhP	<b>6,236.72</b> AP	PROVED:	
LILIBETH M. PALACI Fiscal Controller I		-	Maria Linda H. Gadingan Fiscal Controller III		ELVIRA C. VER	
Within the COB: Expense Code: Budget: Remarks:				Reg	ional Vice President	
Received Copy of J.O. on				CONFORME:  Print Name and Sign of Supprier/Repres	gnature	