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-12-046**
Date:	28-Aug-12
Term/s of Payment:	On Account
Mode of Procurement:	Small Value

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

NO.	QTY	UNIT	ITEM		UNIT PRICE	TOTAL AMOUNT
			Tarpaulin Printing:			
1	1	pc	MOA Signing		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:
1. 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.
2. 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.
3. Delivery Receipt and Sales Invoice shall be required for the one-time complete delivery of the goods.
4. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
5. 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:

LILIBETH M. PALACI
Fiscal Controller I/
Budget Officer-Des.

MARIA LINDA H. GADINGAN
Fiscal Controller III

ELVIRA C. VER
Regional Vice President, PhRO-CAR

Within the COB:
Expense Code: _8C7-W_
Budget: _____
Remarks _____

CONFORME:

John Rynold B. Ormoso
Print Name and Signature
of Supplier/Representative

Received Copy of J.O. on _____