

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: Interprint Printing Press & Publishing Haus
Address: # 66 San Roque Vbillage, Baguio City
Tel./Fax No.: _____
Supplier Registered with: _____

J.O. No.: J-12-048
Date: 17-Sep-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:



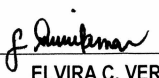
NO.	QTY	UNIT	I T E M	UNIT PRICE	TOTAL AMOUNT
1	600	pcs	T-Shirt, white, Blue Corner, includes printing		
			150 pcs Small	100.00	15,000.00
			150 pcs Medium	105.00	15,750.00
			150 pcs Large	110.00	16,500.00
			100 pcs Xlarge	115.00	11,500.00
			50 pcs XXLlarge	120.00	6,000.00
			***Soft copy of the design shall be provided.		
			Total		64,750.00
			Less: 3% Final Tax	1,942.50	
			2% EWT	1,295.00	3,237.50
			Net of Tax		61,512.50

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 64,750.00	APPROVED:
<div style="display: flex; justify-content: space-around;"><div> LILIBETH M. PALACI Fiscal Controller II/ Budget Officer-Des.</div><div> MIRASOL E. ADRIAS Fiscal Controller IV</div></div>			<div style="text-align: center;"> ELVIRA C. VER Regional Vice President, PhRO-CAR</div>
<div>Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____</div>			

CONFORME:

Received Copy of J.O. on _____


REINEL A. PARAGAS
Print Name and Signature
of Supplier/Representative