

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

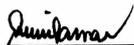
Please deliver to this office within _____ 5 days _____ from receipt hereof of the following:

| NO. | QTY | UNIT | ITEM | 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 |
| | | | <i>***Soft copy of the design shall be provided.</i> | | |
| | | | 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 |

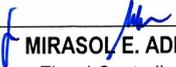
Terms & Conditions:

- 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 64,750.00 | APPROVED: |
|  LILIBETH M. PALACI Fiscal Controller II Budget Officer-Des. | |  MIRASOL E. ADRIAS Fiscal Controller IV | |
| Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____ | |  _____ ELVIRA C. VER Regional Vice President, PhRO-CAR | |

| | | |
|--------------------------------|-----------|--|
| Received Copy of J.O. on _____ | CONFORME: |  _____ RENNEL A. PARAGAS Print Name and Signature of Supplier/Representative |
|--------------------------------|-----------|--|