

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-12-049  
 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:



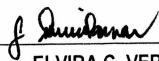
NO.	QTY	UNIT	ITEM	UNIT PRICE	TOTAL AMOUNT
			Tarpaulin Printing		
1	14	pcs	3' x 6', PhilHealth MOVES, vertical	252.00	3,528.00
	7	pcs	10' x 4', PhilHealth MOVES, horizontal	560.00	3,920.00
	7	pcs	4' x 2', PFPR Checks	112.00	784.00
			<b>Total</b>		<b>8,232.00</b>
			Less: 3% Final Tax	246.96	
			2% EWT	164.64	411.60
			<b>Net of Tax</b>		<b>7,820.40</b>

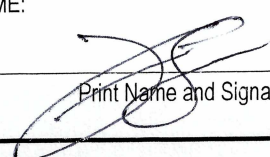
**Terms & Conditions:**

- 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 <b>8,232.00</b>	APPROVED:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">   <b>LILIBETH M. PALACI</b>                      Fiscal Controller I/                      Budget Officer-Des.                 </div> <div style="width: 45%; text-align: center;">   <b>MARIA LINDA H. GADINGAN</b>                      FISCAL CONTROLLER III                 </div> </div> <div style="margin-top: 10px;">                     Within the COB: _____                      Expense Code: _____                      Budget: _____                      Remarks: _____                 </div>			 <b>ELVIRA C. VER</b> Regional Vice President, PhRO-CAR

Received Copy of J.O. on <u>Sept. 17, 2012</u>	CONFORME:  Print Name and Signature
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