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: Address: Tel./Fax	No.:		Ads o St., Baguio City 424-4599	J.O. No.: Date: Term/s of Payment: Mode of Procurement:	J-12-051 3-Oct-12 On Account Small Value	
Supplier Registered with: Please deliver to this office within 5 days					from receipt hereof the following:	
	CTV/	LAICT	ITEM		UNIT PRICE	TOTAL AMOUNT
NO.	QTY	UNIT	Tarpaulin Printing			
			2' x 4' Abra Lhio	THE RESERVE OF THE PROPERTY OF	112.00	112.00
1	1	pc pc	6' x 9' Twilight Years		756.00	756.00
	т	pe				-
			Total			868.00
			Less: 3% Final Tax	26.04		42.40
			2% EWT	17.36		43.40
			Net of Tax			824.60
						All the second s
it was 3. Delive 4. Defect delive 5. Paym	acknowle ery Receip ctive, incon ery. ent shall b	dged to have t and Sales I npatible or no e made in fu	urchase Order/P.O. by the dealer is not indicated, it sle been received by a representative either through fax nvoice shall be required for the one-time complete defon-compliant of goods as to specification when quoted. Il subject to corresponding government taxes within first ptance and Inspection Report.	or e-mail. livery of the goods. I shall be rejected and returned fteen (15) working days upon Very tru	at the time of lly yours, MELDA CRISTETA I Division Chief	
Certified	Budget Av	ailable	Funds Available in the amount of:	PhP 868.00 APPRO	VED:	
LILIBETH II. PALACI Fiscal Controller I/ Budget Officer-Des. Within the COB: Expense Code: Budget: Remarks			MARIA LINDA H. GADINGAI Fiscal Controller III	_	ELVIRA C. VER Regional Vice President, PRO-CAR	
Received	d Copy of .	J.O. on	Oct. 3, 20/2	Bri	Sern Den Signatu nt Name and Signatu Supplier/Réprésentati	