

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-12-054
Date: 23-Oct-12
Term/s of Payment: On Account
Mode of Procurement: Small Value

Please deliver to this office within 3 days from receipt hereof the following:



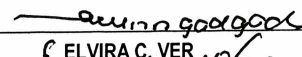
NO.	QTY	UNIT	ITEM	UNIT PRICE	TOTAL AMOUNT
			Tarpaulin Printing		
1	9	pc	2' x 3' (Civil Service)	84.00	756.00
2	9	pc	18" x 24" (New Mission, Vision & Core Values)	42.00	378.00
			Total		1,134.00
			Less: 3% Final Tax	34.02	
			2% EWT	22.68	56.70
			Net of Tax		1,077.30

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 1,134.00	APPROVED:
 LILIBETH M. PALACI Fiscal Controller I/ Budget Officer-Des.		 MARIA LINDA H. GADINGAN Fiscal Controller III	 ELVIRA C. VER Regional Vice President, PRO-CAR
Within the COB: _____			
Expense Code: _____			
Budget: _____			
Remarks: _____			

CONFORME:

Received Copy of J.O. on

Oct 24, 2012

CARL ARMADA
Print Name and Signature
of Supplier/Representative