

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: ANGLOWEALTH ENT.  
 Address: B5 Samayta, Eastbank Rd., San Juan, Taytay, Rizal  
 Tel./Fax No.: (02) 782-4386/7030025  
 Supplier Registered with: \_\_\_\_\_

J.O. No.: J-12-068  
 Date: 6-Dec-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:


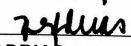
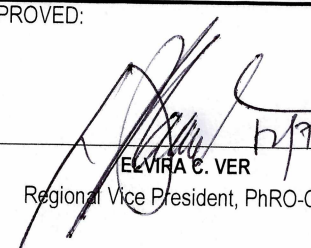
NO.	QTY	UNIT	ITEM	UNIT PRICE	TOTAL AMOUNT
1	250	pcs	T-Shirt w/ collar, khaki brown, cotton, w/ rubber-embossed lettering	158.00	39,500.00
			150 pcs Free Size		
			50 pcs Xlarge		
			50 pcs Small		
2	300	pcs	Mugs	58.00	17,400.00
			***Soft copy of the design shall be provided.		
			<b>Total</b>		<b>56,900.00</b>
			Less: 5% Final Tax	2,540.18	
			2% EWT	1,016.07	3,556.25
			<b>Net of Tax</b>		<b>53,343.75</b>

**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.

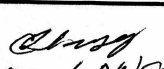
Very truly yours,

  
**IMELDA CRISTETA D. VILLAMAR**  
 Division Chief, MSD 12/6/12

Certified Budget Available	Funds Available in the amount of:	PhP <b>56,900.00</b>	APPROVED:
 <b>LILIBETH M. PALACI</b> Fiscal Controller II/ Budget Officer-Des.	 <b>MIRASOL E. ADRIAS</b> Fiscal Controller IV	 <b>ELVIRA C. VER</b> Regional Vice President, PhRO-CAR	
Within the COB:			
Expense Code: <u>767-00</u>			
Budget: <u>COB 2011</u>			
Remarks: <u>Comp. mktg. Supplemental budget</u>			

CONFORME:

Received Copy of J.O. on \_\_\_\_\_

  
**CAMILA LANG**  
 Print Name and Signature  
 of Supplier/Representative