

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: RONSTAR ARTS
Address: 4 Golden Shower Rd., Quezon Hill, Baguio City
Tel./Fax No.: 9336517222
Supplier Registered with: _____

J.O. No.: J-12-069
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:

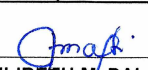
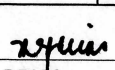
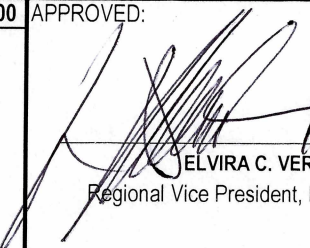
NO.	QTY	UNIT	ITEM	UNIT PRICE	TOTAL AMOUNT
1	500	pcs	T-Shirt, white, round necked, includes printing	120.00	60,000.00
			90 pcs Small		
			100 pcs Medium		
			100 pcs Large		
			100 pcs XLarge		
			80 pcs XXXLarge		
			30 pcs XXXLarge		
			***Soft copy of the design shall be provided.		
			Total		60,000.00
			Less: 3% Final Tax	1,800.00	
			2% EWT	1,200.00	3,000.00
			Net of Tax		57,000.00

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

Certified Budget Available	Funds Available in the amount of:	Php 60,000.00	APPROVED:
 LILIBETH M. PALACI Fiscal Controller I/ Budget Officer-Des.	 MIRASOL E. ADRIAS Fiscal Controller IV	 MELVIRA C. VER Regional Vice President, PhRO-CAR	
Within the COB: <u>2012</u>			
Expense Code: <u>767-00</u>			
Budget: _____			
Remarks: <u>Comp. Mktg. Supplemental Budget</u>			

CONFORME:

Received Copy of J.O. on _____


RONALD G. TRINIDAD
Print Name and Signature
of Supplier/Representative