

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: MDD Digital Printing
 Address: 4 Evangelista St., Bayan Park, Aurora Hill, BC
 Tel./Fax No.: 9222567403
 Supplier Registered with: _____

J.O. No.: J-12-070
 Date: 7-Dec-12
 Term/s of Payment: On Account
 Mode of Procurement: Small Value

Please deliver to this office within 5 days from receipt hereof of the following:

NO.	QTY	UNIT	ITEM	UNIT PRICE	TOTAL AMOUNT
			Production & Printing of Shirt (Silk-Screen Printing)		
1	201	pcs	T-Shirt w/ collar, green, honeycombed lacoste		
			Sizes: MALE 2 pc SMALL	240.00	480.00
			22 pcs MEDIUM	240.00	5,280.00
			42 pc LARGE	240.00	10,080.00
			21 pcs XLARGE	260.00	5,460.00
			10 pcs 2XLARGE	280.00	2,800.00
			8 pcs 3XLARGE	300.00	2,400.00
			FEMALE 1 pc XSMALL	240.00	240.00
			18 pcs SMALL	240.00	4,320.00
			38 pcs MEDIUM	240.00	9,120.00
			24 pcs LARGE	240.00	5,760.00
			10 pcs XLARGE	260.00	2,600.00
			3 pcs 2XLARGE	280.00	840.00
			2 pcs 3XLARGE	300.00	600.00
			Total		49,980.00
			Less: 3% Final Tax	1,499.40	
			2% EWT	999.60	
			Net of Tax		47,481.00

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,

[Signature]
 IMELDA CRISTETA D. VILLAMAR
 Division Chief, MSD 12/7

Certified Budget Available	Funds Available in the amount of:	PhP 49,980.00	APPROVED:
<i>[Signature]</i> LILIBETH M. PALACI Fiscal Controller I/ Budget Officer-Des.	<i>[Signature]</i> MARIA LINDA H. GADINGAN Fiscal Controller III		<i>[Signature]</i> ELVIRA C. VER Regional Vice President, PRO-CAR
Within the COB: <u>2012</u>	Expense Code: _____	Budget: _____	Remarks: _____

CONFORME:

Received Copy of J.O. on _____

[Signature] 12/07/12