

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: Unique Printing Press  
Address: 8 Chugum cor Kayang St., Baguio City  
Tel./Fax No.: 442-4209/442-3447  
Supplier Registered with: \_\_\_\_\_

J.O. No.: J-12-071  
Date: 7-Dec-12  
Term/s of Payment: On Account  
Mode of Procurement: Small Value

Please deliver to this office within 10 days

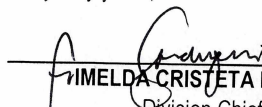
from receipt hereof the following:

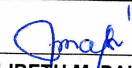

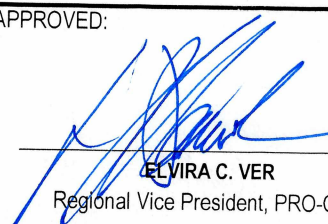
NO.	QTY	UNIT	I T E M	UNIT PRICE	TOTAL AMOUNT
			Production & Printing of Shirt (Silk-Screen Printing)		
1	131	pcs	PhilHealth Run Posters	40.00	5,240.00
			Sizes: 18" x 24"		
			Stock: CS 180 GSM		
			Color: Full Color, One-Side Printing		
			Process: Offset		
			Binding: Loose		
			<b>Total</b>		<b>5,240.00</b>
			Less: 5% Final Tax	233.93	
			2% EWT	93.57	327.50
			<b>Net of Tax</b>		<b>4,912.50</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,

  
**RIMELDA CRISTETA D. VILLAMAR**  
Division Chief, MSD *h/p*

Certified Budget Available	Funds Available in the amount of:	PhP <b>5,240.00</b>	APPROVED:
 <b>LILIBETH M. PALACI</b> Fiscal Controller I/ Budget Officer-Des.	 <b>MARIA LINDA H. GADINGAN</b> Fiscal Controller III		 <b>ELVIRA C. VER</b> Regional Vice President, PRO-CAR
Within the COB: <u>2012</u>			
Expense Code: <u>907-0 915-070</u>			
Budget: _____			
Remarks: _____			

Received Copy of J.O. on	 <b>UNIQUE PRINTING PRESS</b> # 8 Chugum Street, Cor. Kayang Street Baguio City TEL: (074) 442-9862 / 442-8361 / 446-0371 FAX No. (074) 442-9832 EMAIL: uniquepress@gmail.com	CONFORME:  Print Name and Signature of Supplier/Representative
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By: \_\_\_\_\_