

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-12-075
 Date: 10-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
			Tarpaulin Printing		
1	1	pc	7.5' x 16' (PhilHealth Expo)	1,680.00	1,680.00
2	1	pc	4' x 8' (PhilHealth Expo)	448.00	448.00
3	1	pc	4' x 6' (PhilHealth Run)	336.00	336.00
4	2	pc	2' x 3' (PhilHealth Run)	84.00	168.00
5	1	pc	6' x 7' (PhilHealth Express Backwall)	588.00	588.00
6	1	pc	3' x 7' (PhilHealth Express Signage)	294.00	294.00
			Total		3,514.00
			Less: 3% Final Tax	105.42	
			2% EWT	70.28	175.70
			Net of Tax		3,338.30

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.

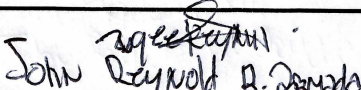
Very truly yours,


IMELDA CRISTETA D. VILLAMAR
 Division Chief, MSD

Certified Budget Available	Funds Available in the amount of:	PhP 3,514.00	APPROVED:
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  LILIBETH M. PALACI Fiscal Controller I/ Budget Officer-Des. </div> <div style="text-align: center;">  MARIA LINDA H. GADINGAN Fiscal Controller III </div> </div>		 ELVIRA C. VER Regional Vice President, PRO-CAR <div style="font-size: 1.5em; margin-top: 10px;">12/10/12</div>	
Within the COB: _____ Expense Code: <u>967-3010 915-090-509</u> Budget: _____ Remarks: _____			

CONFORME:

Received Copy of J.O. on _____


John Reynold B. Zamora
 District Manager