

*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:                 | <u>Maranatha Ads</u>                 | J.O. No.:            | <u>J-12-078</u>    |
| Address:                  | <u>19 T. Alonzo St., Baguio City</u> | Date:                | <u>11-Dec-12</u>   |
| Tel./Fax No.:             | <u>424-4599</u>                      | Term/s of Payment:   | <u>On Account</u>  |
| Supplier Registered with: | <u></u>                              | Mode of Procurement: | <u>Small Value</u> |

Please deliver to this office within 21 days from receipt hereof the following:



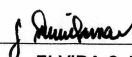
| NO. | QTY | UNIT | I T E M  | UNIT PRICE | TOTAL AMOUNT     |
|-----|-----|------|--|------------|------------------|
| 1   | 350 | pc   | Production of<br>Katsa Bags, green handle<br>***Pls. see attached design | 63.00      | 22,050.00        |
|     |     |      | <b>Total</b>   |            | <b>22,050.00</b> |
|     |     |      | Less: 3% Final Tax   | 661.50     |                  |
|     |     |      | 2% EWT   | 441.00     | 1,102.50         |
|     |     |      | <b>Net of Tax</b>  |            | <b>20,947.50</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.

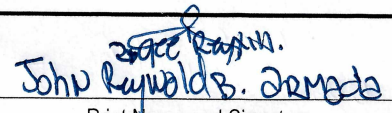
Very truly yours,

  
**IMELDA CRISTETA D. VILLAMAR**  
Division Chief, MSD

|   |                               |                      |   |
|---|-------------------------------|----------------------|---|
| Certified Budget Available  | Funds Available in the amount | PhP <b>22,050.00</b> | APPROVED:   |
| <div style="display: flex; justify-content: space-between;"><div style="text-align: center;"><br/><b>LILIBETH M. PALACI</b><br/>Fiscal Controller II/<br/>Budget Officer-Des.</div><div style="text-align: center;"><br/><b>MARIA LINDA H. GADINGAN</b><br/>Fiscal Controller III</div></div> |                               |                      | <br><b>ELVIRA C. VER</b><br>Regional Vice President, PRO-CAR |
| Within the COB:   |                               |                      |   |
| Expense Code: <u>767-a</u>  |                               |                      |   |
| Budget: _____   |                               |                      |   |
| Remarks: _____  |                               |                      |   |

CONFORME:

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

  
Print Name and Signature  
of Supplier/Representative