

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-12-087
Date: 26-Dec-12
Term/s of Payment: On Account
Mode of Procurement: Small Value

Please deliver to this office within 3 days

from receipt hereof the following:



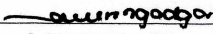
NO.	QTY	UNIT	I T E M	UNIT PRICE	TOTAL AMOUNT
1	358	pc	Production of Tote Bags	90.00	32,220.00
			Total		32,220.00
			Less: 3% Final Tax	966.60	
			2% EWT	644.40	1,611.00
			Net of Tax		30,609.00

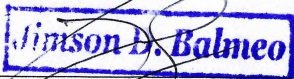
Terms & Conditions:

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

Certified Budget Available	Funds Available in the amount of:	PhP 32,220.00	APPROVED:
 LILIBETH M. PALACI Fiscal Controller I/ Budget Officer-Des.	 MARIA LINDA H. GADINGAN Fiscal Controller III		 ELVIRA C. VER Regional Vice President, PRO-CAR
Within the COB: <u>7012</u>			
Expense Code: <u>767-40</u>			
Budget: <u>mlh-villamar for 3 items</u>			
Remarks: _____			

Received Copy of J.O. on <u>Dec. 26, 2012</u>	CONFORME:  Jimson D. Balmeo Print Name and Signature of Supplier/Representative
---	---