

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: Moment Diagram Builders
 Address: 418 Upper K3, Asin Rd., Baguio City
 Tel./Fax No.: _____
 Supplier Registered with: _____

J.O. No.: J-12-090
 Date: 27-Dec-12
 Term/s of Payment: On Account
 Mode of Procurement: Small Value

Please deliver to this office within 40 calendar days from receipt hereof the following:



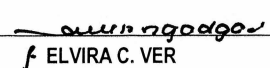
NO.	QTY	UNIT	ITEM	UNIT PRICE	TOTAL AMOUNT
1	1	Lot	Leasehold Improvement of Abra LHIO	425,000.00	425,000.00
			Total		425,000.00
			Less: 5% Final Tax	18,973.21	
			2% EWT	7,589.29	26,562.50
			Net of Tax		398,437.50

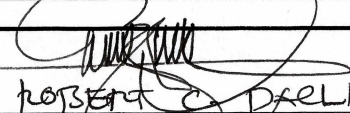
Terms & Conditions:

- 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 425,000.00	APPROVED:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  LILIBETH M. PALACI Fiscal Controller I/ Budget Officer-Des. </div> <div style="width: 45%;">  MIRASOL E. ADRIAS Fiscal Controller IV </div> </div>		 ELVIRA C. VER Regional Vice President, PRO-CAR	
Within the COB: <u>2012</u>			
Expense Code: <u>277-00</u>			
Budget: _____			
Remarks: <u>for continuing 2013</u>			

Received Copy of J.O. on <u>Dec 28 2012</u>	CONFORME:  ROBERT C. PAELILI Print Name and Signature of Supplier/Representative
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