

Republic of the Philippines  
**PHILHEALTH REGIONAL OFFICE -CAR**  
 4/F SSS Bldg., Harrison Road, Baguio City  
 Tel. # (074) 444-9862 / 444-8361 / 446-0371

**JOB ORDER**

Supplier: <u>Copylandia</u>	J.O. No.: <u>J-12-115</u>
Address: <u>136 Abanao Ext. Corner Carino St.</u>	Date: <u>Dec. 18, 2012</u>
Tel./Fax No.: <u>4465356</u>	Term/s of Payment: <u>Cap...</u>
Supplier Registered with: _____	Mode of Procurement: <u>D/C</u>

Please deliver to this office within 5 days from receipt hereof of the following:

NO.	QTY	UNIT		UNIT PRICE	TOTAL AMOUNT
1	4	unit	Riso Pick up roller	1,663.00	6,652.00
2	2	unit	Riso Stripper Pad; 70	374.08	748.16
3	1	pc	Riso Pressure Roller assy; A3	2,740.00	2,740.00
4	1	pc	Riso Airpump assy; B4	1,892.00	1,892.00
<b>Total</b>					<b>12,032.16</b>
Less: 5% Final Tax				537.15	
2% EWT				214.86	752.01
<b>Net of Tax</b>				<b>752.01</b>	<b>11,280.15</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,

for: 12/18/12  
**IMELDA CRISTE A D. VILLAMAR**  
 Division Chief, MSD

Certified Budget Available	Funds Available in the amount of: PhP <b>12,032.16</b>	APPROVED:
<u>Joseph</u> <b>LILIBETH M. PALACI</b> Fiscal Controller I	<u>Maria</u> <b>Maria Linda H. Gadingan</b> Fiscal Controller III	 <b>ELVIRA C. VER</b> Regional Vice President, PhRO-CAR
Within the COB: _____ Expense Code: <u>802-20</u> Budget: _____ Remarks: _____		

Received Copy of J.O. on <u>12/19/12</u>	CONFORME: <u>COPYLANDIA</u> Print Name and Signature of Supplier/Representative
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