

REPUBLIC OF THE PHILIPPINES  
**Health Insurance Corporation**  
09 CityState Center Bldg.  
Shaw Blvd. Brgy. Oranbo, Pasig City  
Telefax: 637-3158

PRID-PS-08

**J O B O R D E R**  
(Non-Inventoriable Items)

Supplier **CATALOGUE SALES AND SERVICES, INC.**  
Address Unit 2B 1820 Leon guinto St., Malate Manila  
Tel.Fax No. 525-0315 / 524-7006  
Supplier Registered with: **PHILHEALTH**

Work Order No. **13-06-021**  
Date: June 21, 2013  
Term of Payment: C.O.D.  
Mode of Procurement: Small Value Procurement

**Office Order No. 0161, s. 2012**

Please deliver to this office within **C.O.D.** from receipt hereof the following

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	1	lot	ONE (1) YEAR SUBSCRIPTION OF TIME MAGAZINE (WEEKLY) 54 ISSUES/YEAR For the period December 2013 to November 2014	2,950.00	2,950.00
			LESS:		
			PT 3% 88.50		88.50
			<b>06 - 302</b>		
			RIV #		
			13-0343 dtd. 06/07/13 OSVP-ASRMS - Jeseca M. Navarro		
				TOTAL:	<b>2,861.50</b>

**Terms & Conditions:**

- Initial issue shall be delivered on the first week of December 2013.
- Delivery of the above item(s) shall be made weekly. All item(s) shall be delivered and accepted by the Procurement Section at 15th Floor, Room 1503, Citystate Ctr. Bldg., Pasig City.
- The supplier shall release "free items" during receipt of initial issue, if there is any.
- Delivery Receipt shall be required for every issues delivered.
- Defective copies/issues shall be rejected and returned at the time of delivery which shall be replaced immediately.

Very truly yours,

**CRISTINA G. MONSALUD**

AO III-OIC, Procurement Section

Certified Budget Available:	Funds Available in the amount of:	Php2,950.00	APPROVED:
<p><i>Corazon M. Tabulao</i> <b>CORAZON M. TABULAO</b> Fiscal Controller III</p>		<p><i>Lilia R. Garrido</i> <b>LILIA R. GARRIDO</b> Fiscal Controller III</p>	<p><i>Cherie Carmen B. Divina</i> <b>CHERIE CARMEN B. DIVINA</b> Division Chief, PRSMD HEAD OF THE AGENCY or Authorized Representative</p>
<p>Within the COB: 2013</p> <p>Expense Code: 867-00 (Subscription Expense)</p> <p>Budget: 2,950.00</p> <p>Remarks: changeable to OSVP-ASRMS (cont) 6/21</p>			
<p>Received copy of J.O on _____</p>			<p>CONFORME: <i>Tanista P. P. P.</i> Print Name and Signature of Supplier/Representative</p>