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:	RONSTAR ARTS	J.O. No.:
Address:	4 Golden Shower Rd., Quezon Hill, Baguio City	Date:
Tel./Fax No.:	9336517222	Term/s of Payment:
Supplier Registe	Mode of Procurement:	

Small Value

Please deliver to this office within

3 days

from receipt hereof the following:

J-13-001 21-Jan-13 On Account

NO.	QTY	UNIT	ITEM	UNIT PRICE	TOTAL AMOUNT
			Production & printing of:		
1	3500	pcs	Race Bib	20.00	70,000.00
			Total		70,000.00
			Less: 3% Final Tax 2,100.00		
			2% EWT 1,400.00		3,500.00
			Net of Tax		66,500.00
				5	
				1	

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	70,000.00	APPROVED:
	MIRASOL E. ADRIAS Fiscal Controller IV			ELVIRA C. VER Regional Vice President, PhRO-CAR
Received Copy of J.O. on		C	ONFORME:	Print Name and Signature of Supplier/Representative