

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
4/F SSS Bldg., Harrison Road, Baguio City
Tel. # (074) 444-9862 / 444-8361 / 446-0371

JOB ORDER

Supplier: Printers & Publishers Service Coop.
Address: 108 Bokawkan Rd., Baguio City
Tel./Fax No.: 444-2805
Supplier Registered with: _____

P.O. No.: J-13-008
Date: 20-Feb-13
Term/s of Payment: on account
Mode of Procurement: Local Shopping

Please deliver to this office within 10 days from receipt hereof the following:




NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1500	pcs	DTR, PhilHealth Time Card, customized **Pls. see attached specs	2.50	3,750.00
			Total		3,750.00
			less: 5% 167.41		
			2% 66.97	234.38	
					<u>3475.62</u>

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,

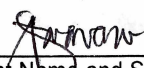

IMELDA CRISTETA D. VILLAMAR
Division Chief IV, MSD

Certified Budget Available	Funds Available in the amount of: PhP 3,750.00	APPROVED:
<div style="display: flex; justify-content: space-between;"><div> LILIBETH M. PALACI Fiscal Controller II/ Budget Officer - Des.</div><div> MARIA LINDA H. GADINGAN Fiscal Controller III</div></div>		 ELVIRA C. VER Regional Vice President 2/21/13
Within the COB: <u>2013</u>		
Expense Code: <u>77470</u>		
Budget: _____		
Remarks: _____		

Received Copy of P.O. on

2/25/13

CONFORME:


Print Name and Signature
of Supplier/Representative