

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: <u>JD MUSIC & SPORTS</u>	P.O. No.: <u>J-13-009</u>
Address: <u>508 Evangelista St., Quiapo, Manila</u>	Date: <u>5-Mar-13</u>
Tel./Fax No.: <u>(02) 733-4418/736-5279</u>	Term/s of Payment: <u>cod</u>
Supplier Registered with: _____	Mode of Procurement: <u>Small Value</u>

Please deliver to this office within 7 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			Production of:		
1	103	pcs	Medal	157.50	16,222.50
			***Pls. see attached specs		
			TOTAL		16,222.50
			Less: 3% Final Tax	486.68	
			2% EWT	324.45	811.13
			Net of Tax		15,411.37

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,

03.0265

Imelda Cristeta D. Villamar
IMELDA CRISTETA D. VILLAMAR
 Division Chief, MSD

Certified Budget Available	Funds Available in the amount of: PhP 16,222.50	APPROVED:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>Lilibeth M. Palaci</i> LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des. </div> <div style="width: 45%;"> <i>Maria Linda H. Gadingan</i> MARIA LINDA H. GADINGAN Fiscal Controller III </div> </div>		<div style="text-align: center;"> REGIONAL OFFICE MAR 06 2013 PATRI </div> <div style="text-align: right;"> <i>Elvira C. Ver</i> ELVIRA C. VER Regional Vice President </div>
Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: <i>To be charged to Philhealth reg. registration, sponsor ship</i>		

CONFORME:

Received Copy of P.O. on _____

AGor
 Print Name and Signature
 of Supplier/Representative