

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: KABARO Sapiot Pilipino Trdg. Inc.
 Address: G-3 Block 15, Lot 8, San Jose Del Monte, Bulacan
 Tel./Fax No.: _____
 Supplier Registered with: _____

J.O. No.: J-13-010
 Date: 5-Mar-13
 Term/s of Payment: On Account
 Mode of Procurement: Small Value

Please deliver to this office within 15 days from receipt hereof of the following:

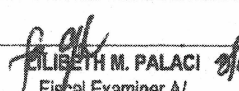
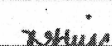
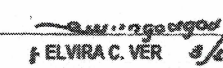
NO.	QTY	UNIT	ITEM	UNIT PRICE	TOTAL AMOUNT
			Production of Singlet		
1	242	pc	with 23 logos	125.00	30,250.00
	177	pc	with 3 logos	115.00	20,355.00
			Total		50,605.00
			Less: 5% Final Tax	2,259.15	
			2% EWT	903.66	3,162.81
			Net of Tax		47,442.19

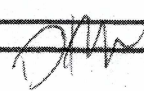
Terms & Conditions:

- 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,


IMELDA CRISTETA D. VILLAMAR
 Division Chief, MSD

Certified Budget Available	Funds Available in the amount of:	Php 50,605.00	APPROVED:
 FILIBETH M. PALACI Fiscal Examiner A/ Budget Officer-Des.	 MIRASOLE E. AGRIAS Fiscal Controller IV	 ELVIRA C. VER Regional Vice President, PRO-CAR	
Within the COB:			
Expense Code: <u>600 to 315</u>			
Budget: <u>to be charged to philhealth run</u>			
Remarks: <u>registration & sponsorship = 30,250</u>			

Received Copy of J.O. on <u>3-8-2013</u>	CONFORME:  DANILO T. MALLARI Print Name and Signature of Supplier/Representative
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