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: Address: Tel./Fax No.: Supplier Registere | | RONSTAR | | Lill Boguio City | J.O. No.: Date: | | | J-13-0 11 13-Mar-13 | |
|--|--|---|--|---|--|----------------------|---------------------------------------|----------------------------|--|
| | | 4 Golden S | | zon Hill, Baguio City 336517222 | | Term/s of Payment: | On Account | | |
| | | | | | | Mode of Procurement: | Small Value | | |
| Please deliver to this office within 10 days | | | | | | - | from receipt hereof the following: | | |
| NO. | QTY | UNIT | | ITEN | | | UNIT PRICE | TOTAL AMOUNT | |
| | | | Production of | of: | | | | | |
| 1 | 600 | pcs | cs PhilHealth Anniversary Bags (Foldable Tote Bags) | | | | 55.00 | 33,000.00 | |
| | | | Pls. see attached specs | | | | | | |
| | | | Total | | | | | 33,000.00 | |
| | | | Less: | 3% Final Tax | 990.00 | | | | |
| | | | | 2% EWT | 660.00 | | | 1,650.00 | |
| | | | Net of Ta | 3X . | | | | 31,350.00 | |
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| it was 3. Delive 4. Defect delive 5. Paym | acknowle ery Receip tive, incor ery. ent shall b | dged to hav at and Sales of made in formation | e been received l Invoice shall be r on-compliant of g | 2.0. by the dealer is not indicated by a representative either through required for the one-time complet goods as to specification when question reporting government taxes with ection Report. | h fax or e-mail. te delivery of the goods. uoted shall be rejected and | returned | | | |
| | Very t | | | | | | uly yours, | | |
| | | | | | | | Suramar | | |
| | | | | | | - I | MELDA CRISTETA I Division Chief | | |
| Cortified | Budget Av | voilable | Func | ds Available in the amount of: | PhP 33,000.00 | APPRO | VFD· | | |
| Certified | buuget A | /allable | 1 unc | as Available in the amount of. | 1111 00,000.00 | 7 | VLD. | | |
| F | IBETH M. iscal Exan udget Office e COB: | niner A/ cer-Des. | | MARIA LINDA H. GADI Fisoal Controller II | | | ELVIRA C. VER Regional Vice President | | |
| Expense Budget: | | | 15-079 | | | | 3 | 3//3//2 | |
| Remarks | | | | | | | | 1,5/13 | |
| | | | | | | | | | |

Received Copy of J.O. on

CONFORME:

Co From deal

Print Name and Signature of Supplier/Representative