

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE-CORDILLERA ADMINISTRATIVE REGION

POMM-P-007

JOB ORDER
(Non-Inventoriable Items)

Supplier: COPYLANDIA OFFICE SYSTEMS CORP.	Work Order No.: J-13-015
Address: <u>136 Abanao Ext. cor Cariño St., B.C.</u>	Date: <u>19-Apr-13</u>
Tel.Fax No.: <u>446-5356</u>	Term of Payment: <u>cod</u>
Supplier Registered with: _____	Mode of Procurement: <u>Direct Contracting</u>

Please deliver to this office upon payment upon approval of final sample.

Note: Additional _____ working days submit for approval of text /sample.





NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	1	unit	Power Supply for Ineo 350	16,093.00	16,093.00
			Total		16,093.00
			Less: 5% Final Tax 718.44		1,005.81 ⁸²
			2% EWT 287.38		
			Net of Tax		15,087.19 ⁸²

Terms & Conditions:

- The agency shall impose penalty in an amount to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Job Order (J.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 of the above item/s shall be made within the prescribed schedules dates. Suppliers are advised inform Procurement Section at least two (2) days before the delivery. Use of elevator shall be from 9:00 AM to and 1:30 PM to 3:00 PM during Mon/Wed/Fri(MWF). All item/s shall be delivered and accepted by the Procurement Section at 15th Floor, Room 1503 Citystate ctr.Bldg. Pasig City.
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
- In case the series of layout/design presented by the supplier does not satisfy the end -user, the Corporation has right to cancel the Job Order (JO).
- 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

<p>Certified Budget Available: _____ Funds Available in the amount of: Php 16,093.00</p> <p> LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.</p> <p> MARIA LINDA H. GADINGAN Fiscal Controller IV</p> <p>With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____</p>	<p>APPROVED:</p> <p> ELVIRA C. VER Regional Vice President</p> <p style="text-align: right;">4/19/13</p>
<p>Received copy of J.O. on 4/21/13 Date</p> <p>CONFORME  COPYLANDIA Signature over Printed Name of Supplier/ Representative</p>	