

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

POMM-P-007

JOB ORDER
(Non-Inventoriable Items)

Supplier: RONSTAR ARTS	Work Order No.: J-13-018
Address: 4 Golden Shower Rd., Quezon Hill, Baguio City	Date: 24 Jun-13
Tel.Fax No.: 9336517222	Term of Payment: on account
Supplier Registered with: _____	Mode of Procurement: Small Value

Please deliver to this office within **3 days** upon approval of final sample.

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

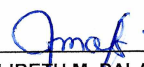


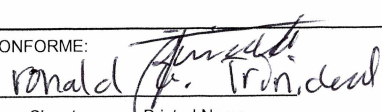
NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
			Tarpaulin printing		
1	20	pc	PCARES Table ID Tarp, 1' x 2'	30.00	600.00
			Total		600.00
			Less: 3% Final Tax 18.00		
			2% EWT 12.00		30.00
			Net of Tax		570.00

Terms & Conditions:

1. 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.
2. 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.
3. 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.
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of goods.
5. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
6. 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).
7. 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: _____</p> <p style="text-align: center;"> LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.</p>	<p>Funds Available in the amount of: PI 600.00</p> <p style="text-align: center;"> MARIA LINDA H. GADINGAN Fiscal Controller IV</p>	<p>APPROVED:</p> <p style="text-align: center;"> ELVIRA CIVER Regional Vice President</p>
<p>With in the COB: <u>2013</u></p> <p>Expense Code: <u>8670</u></p> <p>Bdget: _____</p> <p>Remarks: _____</p>	<p>CONFORME:  Signature over Printed Name of Supplier/ Representative</p>	
<p>Received copy of J.O. on _____ Date</p>		