## Republic of the Phi;lippines 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-13-038    |  |
|-------------------------|---|----------------------|-------------|--|
| Address:                | 4 Golden Shower Rd., Quezon Hill, Baguio City | Date:                | 05-Aug-13   |  |
| Tel.Fax No.: 9336517222 |   | Term of Payment:     | on account  |  |
| Supplier Regi           | stered with:                                  | Mode of Procurement: | Small Value |  |

Please deliver to this office within <u>1 day</u> 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, 13oz material                                    |            |              |
| 1   | 1   | рс   | Mt. Prov. LHIO Inauguration, 3' x 9'<br>***Pls. see attached designs | 405.00     | 405.00       |
|     |     |      | Total  |            | 405.00       |
|     |     |      | Less: 3% Final Tax 12.15   |            |              |
|     |     |      | 2% EWT8.10   |            | 20.25        |
|     |     |      | Net of Tax   |            | 384.75       |
|     |     |      |  |            |              |
|     |     |      |  |            |              |

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 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 Sectio 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 qouted 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 od Certificate of Acceptance and Inspection Report.

Very truly yours,

Q. 1 /

|                             |                        |               |        | mungman                     |  |  |
|-----------------------------|------------------------|---------------|--------|-----------------------------|--|--|
|                             |                        |               |        | IMELDA CRISTETA D. VILLAMAR |  |  |
|                             |                        |               |        | Division Chief, MSD         |  |  |
| Certified Budget Available: | Funds Available in the | amount of: PI | 405.00 | APPROVED:                   |  |  |
|                             |                        | ht            | -      |                             |  |  |
| LILIBETH M. PALACI          |                        | H. GADINGAN   | ~      |                             |  |  |
| Fiscal Examiner A/          | Fiscal Controller IV   |               |        | tata                        |  |  |
| Budget Officer - Des.       |                        |               |        |                             |  |  |
| With in the COB:            |                        |               |        | ATTY UERRY F. IBAY          |  |  |
| Expense Code:               |                        |               |        | Regional Vice President     |  |  |
| Bdget:                      |                        |               |        |                             |  |  |
| Remarks:                    |                        |               |        | •                           |  |  |
|                             |                        |               |        | CONFORME/                   |  |  |
| Received copy of J.O. on    |                        |               |        | Annerd                      |  |  |
|                             | Date                   |               |        | Signature over Printed Name |  |  |
|                             |                        |               |        | of Supplier/ Representative |  |  |