

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

POMM-P-007

**JOB ORDER**  
(Non-Inventoriable Items)

Supplier: **KFC Session / Hi-Flyer Food Inc.**  
Address: **Session Rd., Baguio City**  
Tel.Fax No.:  
Supplier Registered with:

Work Order No.: **J-13-044**  
Date: **29-Aug-13**  
Term of Payment: **cod**  
Mode of Procurement: **Small Value**

Please deliver to this office on upon payment.

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

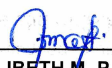

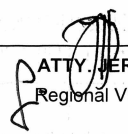
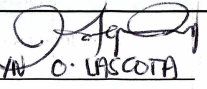
NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	30	set	BBQ Burger w/ cheese; fries; brownies & drinks	98.00	2,940.00
			<b>Total</b>		<b>2,940.00</b>
			Less: 5% Final Tax	131.25	
			2% EWT	52.50	183.75
			<b>Net of Tax</b>		<b>2,756.25</b>

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 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

Certified Budget Available:		Funds Available in the amount of:	PI	2,940.00	APPROVED:
 <b>LILIBETH M. PALACI</b> Fiscal Examiner A/ Budget Officer - Des.		 <b>MARIA LINDA H. GADINGAN</b> Fiscal Controller IV		 <b>ATTY. JERRY F. IBAY</b> Regional Vice President	
With in the COB: <u>2013</u>					
Expense Code: <u>7070</u>					
Bdget: _____					
Remarks: _____				CONFORME:  <b>KATHRYN O. LASCOTA</b> Signature over Printed Name of Supplier/ Representative	
Received copy of J.O. on <u>08-30-13</u> Date					