## Republic of the Phi;lippines

## PHILIPPINE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE-CORDILLERA ADMINISTRATIVE REGION

POMM-P-007

## JOB ORDER

(Non-Inventoriable Items)

				Work Order No.:	J-1	3-078
Supplier: Address: Fel.Fax No.;		ZANDER	WOODWORKS & FURNITURES	Date:	13-Dec-13	
		FA 302, Km. 4, Balili, La Trinidad, Benguet Date: Term of Payment: Mode of Procurement:			on account Small Value	
	Dlagee	deliver to	this office within 15 days upon receipt of	this Job Order.		
	dditional	workin	ng days to submit for approval of text /sample.			
lote: A	aditional				UNIT PRICE	TOTAL AMOUNT
NO.	QTY	UNIT	SERVICE DETAILS		<b>\</b> 850.00	14,450.00
1	17	рс	Stand for Flyers/Brochures, 8 pockets		. \	
			***Pls. refer to attached specs			14,450.00
			Total	420 50 \$		
			Less: 3% Final Tax	433.50	ţ	722.50
			2% EWT	205.00	833	13,727.50
		- [	Net of Tax		+ -	
		0.51			-	
	& Condition		penalty in an amount to 1/10 on one (1%) percent of t		- for oook	
4. Delive 5. Defections of 6. In calculations of 7. Pavi	very Rece ctive, inco delivery. ase the se the Job ( ment sha	eipt and Sale ompatible or eries of layo Order (JO). Il be made i	dg. Pasig City.  es invoice shall be required for one-time complete deligner non-compliant of goods as to specification when qount/design presented by the supplier does not satisfy the full subject to corresponding government taxes withing and Inspection Report.	ne end -user, the Corporation has	rig <b>ht</b> to	
od Ger	TITICALE O	Acceptance	c and moposition	Very truly yours,		
				Ģ	hilmen	
				IMELD	A CRISTETA D.	
					Division Chief,	พรบ
Certifie	ed Budget	Available:	Funds Available in the amount of:	PI 14,450.00 APPROVED:		
Johns		Α.	A sala S	1-1-0110		
<u></u>	gm	ept'		<del>4  8 </del>   3		
LI	і∟ів≢тн	M. PALACI	MARIA LINDA H. GADINGAN Fiscal Controller (1)		and .	
		aminer A/	Tracer Controller (II)		<u> </u>	
		ficer - Des.	m		ATTY HERRY F	
	the COB		` <u> </u>	ļ .	Regional Vice Pr	esident
401	se Code:		1-10	}		^
Bdget:			<del> </del>		fam 1	<del>/</del>
Rema	4 60.			CONFORME:	Sum Le	to
	Recei	ived copy of J	I.O. on	- Torry	ver Printed Name	
1	. 1000	1,	Date		Representative	
				of Supplier	representative	