

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

POMM-P-007

JOB ORDER
(Non-Inventoriable Items)

Supplier: **MMP AWARDS SPECIALIST**
Address: **9007 Josane St., New Cavite Ind'l. City, Stateland,
Manggahan, Gen. Trias, Cavite**
Tel. Fax No.: **(02) 806-9903/(046) 402-1171; 538-1414**
Supplier Registered with: _____

Work Order No.: **J-13-091**
Date: **27-Dec-13**
Term of Payment: **on account**
Mode of Procurement: **Small Value**

Please deliver to this office within **25 days** from receipt hereof the following:

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



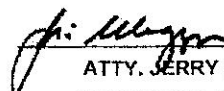
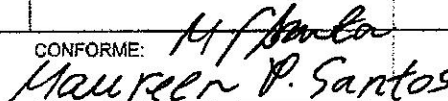
NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	500	pc	Mugs ***Pls. refer to attached specs	52.26666	26,133.33
			Total		26,133.33
			Less: 5% Final Tax	1,166.67	
			2% EWT	466.66	1,633.33
			Net of Tax		24,500.00

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

Certified Budget Available: _____  LILIBETH M. PALACI Fiscal Examiner IV Budget Officer - Des.	Funds Available in the amount of: PI 26,133.33  MARIA LINDA H. GADINGAN Fiscal Controller IV	APPROVED:  ATTY. JERRY F. IBAY Regional Vice President
With in the COB: <u>2013</u> Expense Code: <u>207-00</u> Budget: _____ Remarks: <u>for Budget 1st Q</u>	CONFORME:  Maureen P. Santos Signature over Printed Name of Supplier/ Representative	
Received copy of J.O. on <u>12/27/13</u> Date		