

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

POMM-P-007

JOB ORDER
(Non-Inventoriable Items)
OFFICE/DEPARTMENT: _____

Supplier: **Rudy- Cris Tailoring/ Handicraft**
Address: **1202 Rose Alley, Maharlika, Baguio City**
Tel.Fax No.: **9,268,550,583**
Supplier Registered with: _____

Work Order No.: **J-13-094**
Date: **Dec. 27, 2013**
Term of Payment: **On Account**
Mode of Procurement: _____

Please deliver to this office within 60 days upon approval of final sample.

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

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	190	pcs	Shirt, Round neck	25.00	47,500.00
					47,500.00
			less: 5% Final Tax	2,120.54	
			2% EWT	848.21	
				2,968.75	
			Net of Tax		44,531.25

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,

[Signature]
IMELDA CRISTETA D. VILLAMAR
Division Chief, MSD

Certified Budget Available: _____ LILIBETH M. PALACI Fiscal Examiner A	Funds Available in the amount of: <u>47,000</u> <i>[Signature]</i> Maria Linda H. Gadingan Fiscal Controller III	APPROVED: <i>[Signature]</i> Atty. JERRY R. IBAY- RVP PRO CAR Head of the Agency or Authorized Representative
With in the COB: <u>2013</u>		
Expense Code: <u>707-00</u>		
Budget: _____		
Remarks: _____		
Received copy of J.O. on <u>Dec. 27, 2013</u> Date		CONFORME: <i>[Signature]</i> ROSELYN SORIANO Signature over Printed Name of Supplier/ Representative

INSTRUCTIONS ON HOW TO USE THIS FORM:

1. This form shall be used for the acquisition of services such as printing, renovation, etc.
2. This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
5. This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.