

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

POMM-P-007

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

Supplier: Baguio Office Systems & Solutions  
Address: 18 Legarda Rd., Baguio City  
Tel.Fax No.: 442-0799/423-9361  
Supplier Registered with: \_\_\_\_\_

Work Order No.: J-13-096  
Date: 27-Dec-13  
Term of Payment: on account  
Mode of Procurement: Small Value

Please deliver to this office within 60 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	5	units	Repair & replacement of Drum Cartridge of Laserjet Printer, Fuji Xerox Phaser 4600	14,010.00	70,050.00
			<b>Total</b>		<b>70,050.00</b>
			Less: 5% Final Tax 3,127.23		
			2% EWT 1,250.89		4,378.12
			<b>Net of Tax</b>		<b>65,671.88</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 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,

*f. cristeta d. villamar*  
IMELDA CRISTETA D. VILLAMAR  
Division Chief, MSD

Certified Budget Available: _____		Funds Available in the amount of: PI <b>70,050.00</b>	APPROVED:
<u><i>Lilibeth M. Palaci</i></u> LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.		<u><i>Mirasol E. Adrias</i></u> MIRASOL E. ADRIAS Fiscal Controller IV	<u><i>Jerry F. Ibay</i></u> ATTY. JERRY F. IBAY Regional Vice President
With in the COB: <u>2013</u>			
Expense Code: <u>842-20</u>			
Bdget: _____			
Remarks: _____			
Received copy of J.O. on _____ Date _____			CONFORME: <u><i>Katrina Amentel</i></u> Signature of _____ Name _____ of Supplier/ Representative