

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

POMM-P-007

JOB ORDER
(Non-Inventoriable Items)

Supplier: **PERSONALIZED BY PAT & RICK** Work Order No.: **J-13-097**
Address: **5F Baguio Center Mall, Magsaysay Ave., B.C.** Date: **27-Dec-13**
Tel/Fax No.: **423-1293** Term of Payment: **on account**
Supplier Registered with: _____ Mode of Procurement: **Small Value**

Please deliver to this office within **40 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	133	pc	Tumblers	280.00	37,240.00
2	185	pc	Pens	180.00	33,300.00
1	170	pc	Umbrellas	270.00	45,900.00
			Total		116,440.00
			Less: 5% Final Tax	5,198.21	
			2% EWT	2,079.29	7,277.50
			Net of Tax		109,162.50

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: myllana 12/27
IMELDA CRISTETA D. VILLANAR
Division Chief, MSD

Certified Budget Available: _____ Funds Available in the amount of: PI 116,440.00		APPROVED: <i>f: myllana</i> ATTY. JERRY F. IBAY Regional Vice President
<i>Libeth M. Palaci</i> LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.	<i>Mirasol E. Adrias</i> MIRASOL E. ADRIAS Fiscal Controller IV	
With in the COB: <u>2017</u>		CONFORME: <i>Ricky Triza</i> Ricky Triza Signature over Printed Name of Supplier/ Representative
Expense Code: <u>77.00</u>		
Bdget: _____		
Remarks: _____		

Received copy of J.O. on _____

Personalized by Pat & Rick
5th Level Baguio Center Mall
Magsaysay Avenue, Baguio City
(074) 619-2690 / 423-1293
personalizedbaguio@yahoo.com.ph

12.27.13