

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
 709 CityState Center Bldg.
 Shaw Blvd. Brgy. Oranbo, Pasig City
 TeleFax: 637-3158 637-4735

J O B O R D E R
 (Non-Inventoriable Items)

Supplier	MODE MATRIX MANILA, INC.	Work Order No.	14-02-013
Address	Unit 1022 Cityland Shaw Tower, Shaw Blvd. cor St. Francis St., Mandaluyong City	Date:	February 28, 2014
Tel.Fax No.	706-0390, 401-6451	Term of Payment:	On Account
Supplier Registered with:	PHILHEALTH	Mode of Procurement:	Small Value Procurement

Please deliver to this office within **15 working days** upon approval of the following

Note: Additional (5) working days upon approval of final sample/text.

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	1	lot	Graphic Design, Editorial Enhancement and Printing of 2013 Annual Report	425,000.00	425,000.00
			LESS:		425,000.00
			EWT 2% 7,589.29		
			GMP 5% 18,973.21		26,562.50
					398,437.50
			RIV # 14-0006 dtd. 01/14/14 Corplan		
			02-401		

Terms & Conditions:

1. All buses/coaster to be used shall be provided by the supplier/contractor and it shall be the supplier's responsibility to maintain such buses/coaster in good, safe, working order and in compliance with all laws and regulations applicable thereto.
2. All drivers must be appropriately licensed, competent, responsible individuals and shall be employees of the supplier. In the event of default, supplier shall be liable for any expense including but not limited to damages, attorney's fees and court cost.
3. Operate the service in accordance with the approved timetable;
4. Convey all participants who at the appropriate time are present at such place or places as specified in this Job Order;
5. The supplier should not sub-contract the whole or any part the service without prior written consent from the Corporation

Very truly yours,

ELY E. ROXAS

Administrative Officer III

Certified Budget Available: <i>Php 425,000.00</i>	Funds Available in the amount of: Php 425,000.00	APPROVED: <div style="text-align: center;"> <i>Leila S. Tuazon</i> LEILA S. TUAZON OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative </div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> EDITHA O RAMASTA Fiscal Controller IV </div> <div style="width: 45%;"> WILLIE M. BUMACOD Fiscal Controller IV </div> </div>		
Within the COB: <i>Item # 1851 3 2013</i> Expense Code: <i>863-00</i> Budget: <i>P-425,000</i> Remarks: <i>changeable to Corplan</i>		
CONFORME: <div style="text-align: center;"> <i>[Signature]</i> Signature of Printed Name and Position of authorized representative </div>		Received copy of J.O.: <div style="text-align: center;"> 3/4/2014 Date </div>