

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 **SYNERGY GRAFIX CORP.**
 Address 239 Octagon Ave. Brgy. Dela Paz Pasig City
 Tel.Fax No. 647-9154 646-4374 682-9273
 Supplier Registered with: PHILHEALTH

Work Order No. **14-03-015**
 Date: March 4, 2014
 Term of Payment: On Account
 Mode of Procurement: Small Value Procurement

Please deliver to this office within **10 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	20,000	pcs	PRINTING SERVICE FOR MEMBER EMPOWERMENT POSTERS Specs: * Size: 20" x 30" * Color: Full Color * Process: Offset Printing with varnish * Stock: C2S # 180 gsm LESS: EWT 2% 3,267.86 ✓ GMP 5% 8,169.64 - 03-085 RIV # 14-0069 dtd. 02/12/14 CMD - Rosario T. Bautista	9.15	183,000.00 ✓ 183,000.00 11,437.50 ✓ 171,562.50 ✓

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,

[Signature]
ELY E. ROXAS

Administrative Officer III

Certified Budget Available: <i>[Signature]</i>	Funds Available in the amount of: Php183,000.00	APPROVED:
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO 2/11/14 Fiscal Controller III	<i>[Signature]</i> LEILA S. TUAZON OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>031-Subsidiary for 2014</u> Expense Code: <u>7109-40 / MFO: GACS</u> Budget: <u>4 183,000 - / PPA</u> Remarks: <u>For 2014-1951-2013</u>		

CONFORME:

Received copy of J.O.:

 Signature over Printed Name and Position of authorized representative

 Date

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CORAZON M. TABULAO Fiscal Controller III	LILIA R. BARRIDO Fiscal Controller III	APPROVED: LEILA S. TRIAZON OIC, HEAD "SBAC" HEAD OF THE AGENCY or Authorized Representative
Within the COB: 682. PHILHEALTH F/2014 Expense Code: 707 20 / NFO: 6455 Budget: 183,000 - 7 PPA (UNLIAN) Remarks: FOR PHILHEALTH, 2013		Received copy of J.P.: 3/13/14 Date
CONFORME: SOLOMON Y. TANSIPER / Vice-President Signature over Printed Name and Position of authorized representative		