

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 <u>KING PHIL PRINTING SERVICES</u>	: Order No. <u>14-08-072</u>
Address <u>#17B Alton St. Batasan Hills, Quezon City</u>	Date: <u>August 4, 2014</u>
Tel.Fax No. <u>430-3739 782-9564 430-4334 430-3739</u>	Term of Payment: <u>On Account</u>
Supplier Registered with: <u>PHILHEALTH</u>	Mode of Procurement: <u>Small Value Procurement</u>

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


Note: Additiona (5) working days for approval of final text/sample

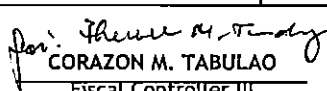


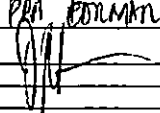
NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	300,000	PCS	PRINTING OF MATERNITY CARE PACKAGE FLYER Specs: Size : 4" X 8.5" Finish: 2 Side Print Stock: C2s # 100 varnish Process: Offset Printing Color : Full Color  LESS: EWT 2% 1,339.29 GMP 5% 3,348.21	0.25	75,000.00
					75,000.00
					4,687.50
					70,312.50
			RIV # 14-0543 dtd. 7/11/2014 CMD - Melody Ann R. Viterbo	08 - 060	

**Terms & Conditions:**

- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- 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 acknowledge to have been received by a representative either through fax or e-mail
- Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. 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
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.

Very truly yours,

  
**ELY E. ROXAS**  
 Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php75,000.00	APPROVED:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">   <b>CORAZON M. TABULAO</b>                      Fiscal Controller III                 </div> <div style="width: 45%;">   <b>LILIA R. GARRIDO</b>                      Fiscal Controller III                 </div> </div>			 <b>LEILA S. TUAZON</b> OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>Fr-2014</u>			
Expense Code: <u>76700 / MFD. GASS</u>			
Budget: <u>75,000 / PRA COLUMN</u>			
Remarks: 			
Received copy of J.O on <u>Grace Ann</u>			CONFORME: Print Name and Signature of Supplier/Representative