

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

Supplier TRIPLEX TRADING J. Order No.: 14-10-097
 Address 27 Gilmore St. cor. 6th St. Brgy. Mariana, New Manila, Quezon City Date: October 14, 2014
 Tel.Fax No. 473-3452 721-5568 Terms of Payment: On Account
 Supplier Registered with: PHILHEALTH Mode of Procurement: Small Value Procurement

Please deliver to this office within 30 working days upon approval of the following

| NO. | QTY | UNIT | SERVICE DETAILS | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|-------|--|------------|-------------------|
| 1 | 2 | UNITS | 4 UNITS EVENTS EQUIPMENT TENT, HEAVY DUTY, FOLDABLE WITH STAND AND PRINTING OF PHILHEALTH LOGO 2m X 3m OFP TENT | 7,120.00 | 14,240.00 |
| | | | DELIVERY CHARGE | | 500.00 |
| 2 | 2 | UNITS | 3m X 6m OFP TENT | 10,730.00 | 21,460.00 |
| | | | DELIVERY CHARGE | | 500.00 |
| | | | | | 36,700.00 |
| | | | | | LESS: |
| | | | | | EWT 2% 655.36 ✓ |
| | | | | | GMP 5% 1,638.39 ✓ |
| | | | | | 2,293.75 |
| | | | | | 34,406.25 |
| | | | | | |
| | | | | | |

Terms & Conditions:

1. The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of 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 acknowledge 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 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
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
5. 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,

[Signature]
 ELY E. ROXAS

Administrative Officer III

| | | |
|---|---|---|
| Certified Budget Available: <i>[Signature]</i> | Funds Available in the amount of: <u>Php36,700.00</u> | APPROVED: |
| CORAZON M. TABULAO Fiscal Controller III | LILIA R. GARRIDO Fiscal Controller III | <i>[Signature]</i> LEILA S. TUAZON OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative |
| Within the COB: <u>2014</u> Expense Code: <u>228-10 Office Equipment</u> Budget: <u>P 36,700.00</u> Remarks: <u>changed to OFP (MFP 001)</u> | | |

10-207

| | |
|-------------------------------|---|
| Received copy of J.O on _____ | CONFORME: _____ |
| | Print Name and Signature of Supplier/Representative |

Fixed 10/27 c/o Cherry

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

SBAC-PS-14

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| | | | DELIVERY CHARGE | | 500.00 |
| 2 | 2 | UNITS | 3m X 6m OFF TENT | 10,730.00 | 21,460.00 |
| | | | DELIVERY CHARGE | | 500.00 |
| | | | | | 36,700.00 |
| LESS: | | | | | |
| EWT 2% 655.36 | | | | | |
| GMP 5% 1,638.39 | | | | | 2,293.75 |
| RIV # 14-0682 dtd. 08/14/14 OFF | | | | | 34,406.25 |

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Administrative Officer III

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| Certified Budget Available: | Funds Available in the amount of: | Php36,700.00 | APPROVED: <i>[Signature]</i> LEILA S. TUAZON OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative |
| CORAZON M. TABULAO Fiscal Controller III LILIA R. GARRIDO Fiscal Controller III | | | |
| Within the COB: <u>2014</u> Expense Code: <u>205-10 Coffin Equip</u> Budget: <u>36,700.00</u> Remarks: <u>changed to OFFICE</u> 10-207 | | | |

| | | |
|--|-----------|---|
| Received copy of J.O on <u>EDGAR DOMINIS</u> | CONFORME: | Print Name and Signature of Supplier/Representative |
| <u>10/27/14</u> | | |

faxed 10/27 c/o cherry