

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

**J O B O R D E R**

(Non-Inventoriable Items)

Supplier **LARGEFORMATIX VISUAL COMMUNICATION INC.**  
 Address **943 Edsa Philam Quezon City**  
 Tel.Fax No. **434-9817 435-1937**  
 Supplier Registered with: **PHILHEALTH**

Job Order No.: **14-12-124**  
 Date: **December 22, 2014**  
 Terms of Payment: **C.O.D.**  
 Mode of Procurement: **Small Value**

Please deliver to this office within **C.O.D.** upon approval of the following

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	30	PCS	<b>PROCUREMENT OF PULL UP STANDEES FOR OVERSEAS FILIPINO PROGRAM (OPP)</b> Specs: Roll up with tarpaulin Size : 2.75 ft. x 6.5 ft Full Color Note: Concept and Design supplied by clients	1,200.00	36,000.00
			LESS: EWT 2% 642.86 GMP 5% 1,607.14		36,000.00
					2,250.00
					<b>33,750.00</b>
			RIV # 14-1129 dtd. 12/11/14 CorMar		

**Terms & Conditions:**

- 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.
- 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,

*[Signature]*  
**ELY E. ROXAS**

Administrative Officer III

Certified Budget Available: <i>[Signature]</i>	Funds Available in the amount of: <b>Php36,000.00</b>	<b>APPROVED:</b> <i>[Signature]</i> <b>LEILA S. TUAZON</b> OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
<b>CORAZON M. TABULAO</b> Fiscal Controller III	<b>LILIA R. BARRIDO</b> Fiscal Controller III	
Within the COB: <b>By 12/14</b> Expense Code: <b>863-00 / 6855</b> Budget: <b>36,000</b> Remarks: <b>GRAMAR</b>		

**12-603**

Received copy of J.O on

*[Signature]* **1-8-15**

CONFORME:

Print Name and Signature  
 of Supplier/Representative