

J O B O R D E R

(Non-Inventoriable Items)

Supplier **1AUDIO LIGHTS & SOUNDS CORPORATION**

Job Order No.: **15-02-016**

Address **#14 Panorama St., SSS Village, marikina City**

Date: **February 10, 2015**

Tel.Fax No. **546-1812**

Terms of Payment: **On Account**

Supplier Registered with: **PHILHEALTH**

Mode of Procurement: **Small Value Procurement**

Please deliver to this office within **as per schedule** upon approval of the following

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	1	lot	Rental of Lights, LED Wall and Sound System	35,000.00	35,000.00
					35,000.00
			LESS:		
			EWT 5%	1,562.50	
			GMP 5%	1,562.50	
					3,125.00
					31,875.00
			RIV #		
			15-0078 dtd. 01/30/15		
			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,

ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php35,000.00	APPROVED:
<i>Corazon M. Tabulao</i> CORAZON M. TABULAO Fiscal Controller III	<i>Lilia R. Garrido</i> LILIA R. GARRIDO Fiscal Controller III		<i>Cherie Carmen B. Divina</i> CHERIE CARMEN B. DIVINA OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: FR 2015		02 - 121	
Expense Code: 804-00 / 0000			
Budget: 35,000			
Remarks: <i>[Signature]</i>			
Received copy of J.O on _____			CONFORME: <i>[Signature]</i> Print Name and Signature of Supplier/Representative