

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

Supplier SYNERGYGRAFIX CORP. Job Order No.: 15-04-028  
 Address 239 Octgaon Ave., Brgy. Dela Paz, Pasig City Date: April 13, 2015  
 Tel.Fax No. 647-9154, 646-4374, 682-9273 Terms of Payment: On Account  
 Supplier Registered with: PHILHEALTH Mode of Procurement: Small Value Procurement

Please deliver to this office within 20 working days upon approval of the following  
 Note: Additional (5) working days for approval of final sample

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	100,000	pcs.	<b>Procurement of Z Benefit Package Brochure</b> Specifications: Size: Spread: 8" x 8.5" / Folded: 4" x 8.5" Stock: Matte 100 Color: Full Colors (CMYK) Process: Offset Printing with varnish Others: (2) side print/ 1 fold, 2 panels  LESS: EWT 2% 1,232.14 GMP 5% 3,080.36  RIV # 15-0413 dtd. 04/01/15 Corporate Marketing Dept.	0.69	69,000.00  69,000.00  4,312.50 64,687.50

**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 PSMD at 15th Floor, Room 1501 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.
- The contracting parties undertake to comply with Office order No. 0018-2015 entitled "Reiteration of Philhealth No Gift Policy (Revision 1)" which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.

Very truly yours,

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

Administrative Officer III

JO 04-061

Certified Budget Available:	Funds Available in the amount of:	Php69,000.00	APPROVED:
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III	<i>[Signature]</i> LILIA R. GARRIDO Fiscal Controller III		
Within the COB: <u>Fr 2015</u>			<i>[Signature]</i> <b>CHERIE CARMEN B. DIVINA</b> HEAD, SBAC & Procurement Office HEAD OF THE AGENCY or Authorized Representative
Expense Code: <u>767.00 / 3-7</u>			
Budget: <u>P 69,000</u> / <u>CORMAN</u>			
Remarks:			

CONFORME:

Received copy of J.O on *[Signature]* Print Name and Signature of Supplier/Representative