

SBAC-PS-14

Job Order No.: 15-08-079

Date: August 3, 2015

Terms of Payment: On Account

Mode of Procurement: Small Value Procurement

Please deliver to this office within **70 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 | 3,000 | pcs. | <p>Corporate Giveaways - Special Pen (Mini Retractable Pen in a Gift Box)</p> <p>Pen Specifications: Type: Ballpoint Pen Material: Metallic, color silver Ballpen Size: 15.5cm length Ink Color: Black Philhealth logo must be printed on a specific location of the ballpen</p> <p>Box Specifications: Box Size: 17cm length x 3cm width x 2cm height Box Color: HEX #ac9d80 RGB: R-172/G-157/B128 CMYK: C-34/M-34/Y-53/K-2 Philhealth logo and UHC logo must be printed on a specific location of the box Philhealth logo size: 1.2inches length x 0.44 inches height UHC logo size: 0.44inches width x 0.67inches height Packaging: (1) one pen per box Warranty: (1) month</p> <div style="text-align: right;"> LESS: EWT 2% 5,357.14 GMP 5% 13,392.86 </div> <p>RIV # 15-0677 dtd. 06/22/15 Cormar</p> | 100.00 | 300,000.00 |
| | | | | | 300,000.00 |
| | | | | | 18,750.00 |
| | | | | | 281,250.00 |

Terms & Conditions:

1. 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.
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 PSMD at 15th Floor, Room 1501 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.
6. 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,

ELY E. ROXAS

Administrative Officer III

| | | | |
|---|-----------------------------------|--|---|
| Certified Budget Available: | Funds Available in the amount of: | Php300,000.00 | APPROVED: |
| EDITHA O. RAMASTA Fiscal Controller IV | | LILIA R. GARRIDO Fiscal Controller III | DR. ISRAEL FRANCIS PARGAS OIC, OVP - Corporate Affairs Group HEAD OF THE AGENCY or Authorized Representative |
| Within the COB: Expense Code: Budget: remarks: | | | |
| Received copy of J.O on | | CONFORME: | |
| EVA R. CABRERA 8/12/15 | | Print Name and Signature of Supplier/Representative | |