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

JOBORDER (Non-Inventoriable Items)

Supplier	ARI	ECHINO	CONCEPTS, INC.	Job Order No.:	15-08	15-08-101		
Address	No.	112 Scout	Limbaga, Brgy. Sacred heart, Qu	Date:	August 24, 2015			
Tel.Fax N	lo. 414	7235, 79	94-5492		Terms of Payment:		On Account	
Supplier I	Registere	d with:	PHILHEALTH		Mode of Procurement:	Small Value Procurement		
Disease	4-11			O wanking day		wavel of the fe	llaurian	
Pleas	se delivei	Note:	office within 1 Additional (5) working days	0 working day		proval of the fo	ottowing	
NO.	QTY	UNIT		RVICE DETAILS	idi Sample	UNIT PRICE	TOTAL AMOUNT	
1	900	pcs.	"My Philhealth Portal" Tarpe	aulin		116.50	104,850.00	
			Specifications:					
			Size: 3ft. X 6ft.					
			Color: CMYK					
			Stock: 130z.					
			Process: Large Format Printing					
			With seaming and events					
			7					
							104,850.00	
				LESS:	2% 1,872.32	1		
				GMP 5			6,553.12	
							98,296.88	
			RIV #	Carron				
			15-0884 dtd. 08/12/15	Cormar				
delivery, L at 15th Fix 4. Delivery Ro 5. Defective, in case of 6. The contra into this C from the p	Use of elevation, Room 1: eceipt and S incompatible f repair. ecting parties contract. No loublic or privi	or shall only 501 Citystate ales Invoice e or non-com undertake to Philhealth pe ate sector, at	ne made within the prescribed schedule da be from 09:00 to 11:30 a.m. and 1:30 to 3 c.Ctr. Bldg. Pasig City shall be required for one-time complete de pliant of goods as to specification when que to comply with Office order No. 0018-2015 resonnel shall solicit, demand, or accept, di anytime, on or off the work premises whe heir office or incfluence the actions of direct	200 p.m. during Mon/We elivery of the goods. uoted shall be rejected a entitled" Reiteration of P irrectly or indirectly, any g ere such gift is given in the ctors or employees, or or	d/Fri (MWF). All item(s) shall be of and returned at the time of delivery thilhealth No Gift Policy (Revision pift from any person, group or assine course of official duties or in conceate the appearance of a conflict ery truly yours,	tellivered and accepted. With provision for a "which is deemed ociation, or juridical ennection with any trains."	a back-up unit incorporated entity, whether	
					Adminis	strative Officer II	I	
Certified Bud	lget Availabl	5 100	Funds Available in the amount of:	Php104,850.0	O APPROVED:			
	li	molher		IN		0		
		A. TABULA		GARRIDO		14		
		ntroller III	- 194 Fiscal Co	ontroller III	CHERIE C	ARMEN B. DIVIN	NA	
Within the CO	OB: 2	015,			HEAD, SBAC	& Procurement (Office	
Expense Code Budget:	767	2-00/	803-7			OF THE AGENCY rized Representative		
kemarks:	7/04,	860-	CorMar		or Author	ized Representativ	e	
			mg 29			. / /		
				C	ONFORME:	16 key lan		
Rece	ived copy	of J.O on	8/28/15		Print Name	and Signature Representative	SAULT	

Faxed B/W/N