

**JOB ORDER**  
(Non-Inventoriable Items)

Supplier: **SYNERGYGRAPHICS CO.** Job Order No.: **15-10-120**  
Address: **CS4 King Center Bldg., No. 57 Sgt. Rivera St., Quezon City** Date: **October 16, 2015**  
Tel.Fax No.: **410-4131, 415-4865** Terms of Payment: **On Account**  
Supplier Registered with: **PHILHEALTH** Mode of Procurement: **Small Value Procurement**

Please deliver to this office within **10 working days per item** 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	264	sets	<b>Generic Pull Up Standees for PRO's</b> Specifications: Size: 2.75ft. X 6.5ft. Four (4) Kinds (66 pcs. per kind) Thickness: 10 oz., with individual bag Packaging: boxed (12 sets per box; 3 sets each kind)	850.00	224,400.00
2	5	sets	<b>Pull Up Standees for No Balance Billing</b> Specifications: Size: 2.75ft. X 6.5ft. Full Color	890.00	4,450.00
3	6	sets	<b>Promotional Z Standees</b> Specifications: Size: 2.75ft. X 6.5ft. Full Color	890.00	5,340.00
					234,190.00
					LESS:
					EWT 2% 4,181.96
					GMP 5% 10,454.91
					14,636.87
					<b>219,553.13</b>
					RIV #
					15-1125 dtd. 10/05/15 Cormar
					15-1134 dtd. 10/05/15 Cormar
					15-1135 dtd. 10/05/15 Cormar

**Terms & Conditions:**

- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of 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 acknowledged 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,

  
**ELY E. ROXAS**

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php234,190.00	APPROVED:
 <b>EDITHA O. RAMASTA</b> Fiscal Controller IV	 <b>LILIA R. GARRIDO</b> Fiscal Controller III		 <b>ATTY. GILBERT G. KINTANAR</b> Corporate Legal Counsel HEAD OF THE AGENCY or Authorized Representative
Within the COB: <b>2015</b>	Expense Code: <b>767-00 / 3-6</b>		
Budget: <b>P234,190</b>	Remarks: 		

CONFORME:

Received copy of J.O on \_\_\_\_\_

Print Name and Signature  
of Supplier/Representative

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

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Very truly yours,

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

Administrative Officer III

Certified Budget Available:	Funds available in the amount of:	<b>Php 234,190.00</b>	APPROVED:
<i>[Signature]</i> <b>EDITHA O. MAMATA</b> Fiscal Controller IV	<i>[Signature]</i> <b>LILIA K. GARRIDO</b> Fiscal Controller III		<b>ATTY. GILBERT G. KINTANAR</b> Corporate Legal Counsel HEAD OF THE AGENCY or Authorized Representative
Within the COB: <b>2015</b>	Expense Code: <b>76-10</b>	Budget: <b>PA34,10</b>	
Remarks: <i>[Signature]</i>			
Received copy of J.O. on <b>10-23-2015</b>	CONFORME:	<i>[Signature]</i> Print Name and Signature of Supplier/Representative	