

JOB ORDER
 (Non-Inventoriable Items)

Supplier: **TINCHIYAH ADVERTISING** Job Order No.: **15-10-124**
 Address: Unit E & F 228 Plaza Bldg., Angelo St., Brgy. Gintong Silahis, Quezon City Date: **October 16, 2015**
 Tel.Fax No. 502-5687, 412-0509 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	957	pcs.	Table Top Sign "On Ward Visit" Specifications: Type: Plastic Table Top Sign <i>with base f</i> Color: R-194 C-24 G-255 M-0 B-153 Y-55 K-0 Size: 8" Width x 5" Height Thickness: 1/16 of an inch Base: 1" Height x 3", Width x 5" length Clock: Adjustable Hand (Manual)	137.30	131,396.10
			LESS: EWT 2% 2,346.36 ✓ GMP 5% 5,865.90 ✓		131,396.10
					8,212.26 ✓
					123,183.84 ✓
			RIV # 15-1029 dtd. 09/15/15 Philhealth cares - MMG		

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

Certified Budget Available:	Funds Available in the amount of:	Php131,396.10	APPROVED:
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III 10/10/2015		<i>[Signature]</i> LILIA B. GARRIDO Fiscal Controller III	<i>[Signature]</i> CHERIE CARMEN B. DIVINA HEAD, SBAC & Procurement Office HEAD OF THE AGENCY or Authorized Representative
Within the COB: 09/20/15 Expense Code: 767-00/ST014 Budget: \$131,396.10 Remarks: <i>[Signature]</i>			
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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LESS:					
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Very truly yours,

[Signature]
ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php131,396.10	APPROVED:
<i>[Signature]</i> CORAZON M. TABULAN Fiscal Controller III 20 10-22	<i>[Signature]</i> LILIA B. GARRIDO Fiscal Controller III		<i>[Signature]</i> CHERIE CARMEN B. DIVINA HEAD, SBAC & Procurement Office HEAD OF THE AGENCY or Authorized Representative
Within the COB:	Expense Code:	Budget:	Remarks:
9200	767-00/ST-4	131,396.10	<i>[Signature]</i>
Received copy of J.O on <u>October 29, 2015</u>			
CONFORME: <i>[Signature]</i> Ma. Leovette D. Fallorina Print Name and Signature of Supplier/Representative			