Republic of the Philippines



PHILIPPINE HEALTH INSURANCE CORPORATION

PHILHEALTH REGIONAL OFFICE-CORDILLERA ADMINISTRATIVE REGION



JOB ORDER

(Non-Inventoriable Items)

Supplier: Address:		Diligent	MindCom	Work Order No.:	J-15-049 07-Sep-15	
			Roxas st., Trancoville, Baguio City	Date:		
Tel.Fax No.:		247-1770/423-0617		Term of Payment:	on account	
Supplie	er Registe	red with: Mode of Procurement:			sv	
	Please d	eliver to t	his office within <u>1 day</u> from receipt h	ereof the following:		
Note: A	Additional _	workir	ng days to submit for approval of text /sample.			
NO.	QTY	UNIT	SERVICE DETAILS		UNIT PRICE	TOTAL AMOUNT
			Tarpaulin printing, 13oz			
1	1	рс	Size 4' x 3' (hcdmd Org Chart)		162.00	162.00
			Total			162.00
			Less: 3% Final Tax	4.86		
			2% EWT	3.24		8.10
			Net of Tax			153.90
2. If the acknowl 3. Delive General PM durir 4. Delive 5. Defect time of c 6. In cas cancel th 7. Paym od Certif	date of receeding to the asservices I and Mon/We ary Receipt tive, income delivery. See the series the Job Ordent shall be ficate of Acceptage of Acceptage from the series of the series of Acceptage from the series of the series	ave been to bove item/s Jnit at least ed/Fri(MWF and Sales patible or n es of layout der (JO). e made in f exceptance a	Job Order (J.O.) by the dealer is not indicated, it shap have been received by a representative either throse shall be made within the prescribed schedules dated two (2) days before the delivery. Use of elevator strongly and the following shall be delivered and accepted by the convergence of the properties of the following shall be required for one-time complete delivon-compliant of goods as to specification when quut design presented by the supplier does not satisfy the full subject to corresponding government taxes within and Inspection Report.	ugh fax or e-mail. es. Suppliers are advised inform hall be from 9:00 AM to and 1:30 P General Services Unit very of goods. ed shall be rejected and returned a e end -user, the Corporation has right fifteen (15) working days upon rec Very truly yours, IMELDA D	M to 3:00 at the ght to	
Certified B	Budget Avai	lable:	Funds Available in the amount of: Php	162.00 APPROVED:		
	0		W			
	LEILA D. 1		MARIA LINDA H. GADINGAN			
1	scal Contro		Fiscal Controller III	. '	9 n	1. le
Bud	lget Officer	3.4			7407	7/0//3
With in th		4015 012 00	_		ETH S. FÆRNAND gional Vice Presid	
Expense	Code:	865-00	-	8 Rec	gioriai vice Presid	ent
Bdget: Remarks:	:	~~	_		1 ~	1
		copy of J.O. o	on Date	CONFORME: Signature over I	Printed Name	LXOyon

of Supplier Representative