## 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

## JOB ORDER

Supplier B1G MARKETING  Address 581 a. Bonifacio Ave. cor. Banal St., Quezon City						Job Order No.:	<b>16-01-002</b> January 27, 2016	
						Date:		
						erms of Payment:	On Account	
Supplier	Registere	ed with:	P	HILHEALTH	Mod	e of Procurement:	Small Value	Procuremen
Plea	se delive	r to this o	office within	15 working da		upon app	roval of the fo	ollowing
110	077/		T	upon approval of sa				TOTAL
NO.	QTY	UNIT		SERVICE DETAILS			UNIT PRICE	TOTAL AMOUNT
1	500	pcs.	Tote Bag				59.00	29,500.
			Note: as per at	tached approved design, lay	out and	d sample		
						- 1,00		
						45.11		
							-	29,500
						E0111 -		27,000
				LESS:				
				EWT	2%	590.00		
				GMP	3%	885.00	L	1,475
								28,025.
			RIV #			-		
			16-0013 dtd.	01/13/16 SHIA				
Delivery R Defective, in case of The contra into this C from the p	eceipt and S incompatible of repair. acting parties contract. No F oublic or priva	ales Invoice or non-com undertake to Philhealth pe ate sector, at	pliant of goods as to sp o comply with Office on resonnel shall solicit, de anytime, on or off the	ne-time complete delivery of the goods, becification when quoted shall be rejected der No. 0018-2015 entitled" Reiteration of mand, or accept, directly or indirectly, any work premises where such gift is given in the actions of directors or employees, or	f Philhealt y gift from the cours create the	th No Gift Policy (Revision any person, group or asso e of official duties or in cone appearance of a conflict of ully yours,	1)" which is deemed ciation, or juridical e nection with any tra	incorporated ntity, whether
					_		trative Officer III	
32 12 1								
ertified Bud	lget Available	5 (20	Funds Available in the	e amount of: Php29,500.	00	APPROVED:		
-	CONTRACT	mfile		LULANGEARRIDO				
	ORAZON A			LILIA R. GARRIDO Fiscal Controller III			to	
	riscal Col	ntroller III		Fiscal Controller III		CHERIE C	ARMEN'B. DIVIN	IA.
ithin the Ci	-		016.				t Progurement C	
крепse Cod udget: emarks:	e: 7 20	47-20 9,500				HEAD	OF THE AGENCY ized Representative	
			110		CONFOR	RME:		
Rece	ived copy	of J.O on				Print Name	and Signature	

of Supplier/Representative