




SBAC-PS-14

Supplier	FIRSTJOY ENTERPRISES	Job Order No.:	16-05-039
Address	Blk. A Lot 4 Riverside Drive, Brgy. Sta. Lucia, Ortigas Ext., Pasig	Date:	May 24, 2016
Tel.Fax No.	748-4739, 748-6499	Terms of Payment:	On Account
Supplier Registered with:	PHILHEALTH	Mode of Procurement:	Small Value Procurement

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	3,000	pads	Philhealth Note Pad Specifications: Size: 5.5 Inches (width x 8.5 inches (height) Material: Front Cover: Book Paper # 40 Inside Pages: Book Paper # 60 Back Cover: Cardboard # 120 Number of Leaves: 50 leaves per pad Type: Padded Packaging: Every 100 pads must be wrapped in a box	19.00	57,000.00
					57,000.00
			LESS: EWT 2% 1,017.86 ✓ GMP 5% 2,544.64 ✓		3,562.50
					53,437.50
			RIV # 16-0348 dtd. 05/12/16 Cormar		

1. 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.
2. 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
3. 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 (MWFF). All item(s) shall be delivered and accepted by the PSMD at 15th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
5. 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.
6. 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 which in connection with any transaction 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.

ELY E. ROXAS

Certified Budget Available:	Funds Available in the amount of:	Php57,000.00	APPROVED:
 CORAZON M. TABULAO Fiscal Controller III		 LILIA R. GARRIDO Fiscal Controller III	
Within the COB: <u>2016</u> Expense Code: <u>767-0018</u> Budget: <u>757,000</u> Remarks: <u>1 copy</u>		 ATTY. GILBERT G. KINTANAR Corporate Legal Counsel HEAD OF THE AGENCY or Authorized Representative	
Received copy of J.O on _____		CONFORME: 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

JOB ORDER
 (Non-Inventoriable Items)

SBAC

Supplier **FIRSTJOY ENTERPRISES**Address **Blk. A Lot 4 Riverside Drive, Brgy. Sta. Lucia, Ortigas Ext., Pasig**Tel.Fax No. **748-4739, 748-6499**Supplier Registered with: **PHILHEALTH**Job Order No.: **16-05-01**Date: **May 24, 2016**Terms of Payment: **On Account**Mode of Procurement: **Small Value Proc.**

Please deliver to this office within

30 calendar days

upon approval of the following

includes the presentation of sample and approval of the end user

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	3,000	pads	Philhealth Note Pad Specifications: Size: 5.5 Inches (width x 8.5 inches (height)) Material: Front Cover: Book Paper #40 Inside Pages: Book Paper #60 Back Cover: Cardboard #120 Number of Leaves: 50 leaves per pad Type: Padded Packaging: Every 100 pads must be wrapped in a box LESS: EWT 2% 1,017.86 ✓ GMP 5% 2,544.64 ✓	19.00	
			RIV # 16-0348 dtd. 05/12/16 Cornor		5

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 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 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 S 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 (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 (Re) 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 where such gift is given in the course of official duties or which in connection with any transaction 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

30 or -024

Certified Budget Available:	Funds Available in the amount of:	Php57,000.00	APPROVED:
CORAZON M. TABULAO Fiscal Controller III		LILIA R. GARRIDO Fiscal Controller III	ATTY. GILBERT G. KINTANAR Corporate Legal Counsel HEAD OF THE AGENCY or Authorized Representative
Within the COB: 2016 Expense Code: 748-4739 Budget: 748,000 Remarks: 1 CORRA			
Received copy of J.O on May 31, 2016 / 3:13 pm		CONFORME: Heidi A. Kintanar Print Name and Signature of Supplier/Representative June 1 3:13	