



SBAC-PS-14

JOB ORDER

(Non-Inventoriable Items)

Address TACLOBAN CITY		CLOBAN CI	Date:		2/5/2016	
Tel. Fax.	No.	(053) 832-				
Supplier	Registere	ed with:	Mode of Procureme			
ı	Please d		is office within upon approval of the following.			
NO.	QTY	Note:	SERVICE DETAILS	UNIT	TOTAL	
	51	PAX	FOOD AND VENUE (2 snacks and 1 lunch)	500		
			Specifications:			
1 68			Morning Snack			
			ciabatta Sandwich and four Season Juice			
		Edit In Alli				
1		P-1.30	Lunch			
			Steamed rice, Honey Glazed Chicken, Grilled Fish with Calamansi, Chopsuey, Ice Cream Cake, Soda			
2			Afternoon snack			
			Blueberry Ensaymada and Orange Juice			
		Carrier St.	LESS:		25,500.00	
-			EWT 2% 455.3	36		
			GMP 5% 1138.3	39	1,593.75	
			PR # 16-02-01 dtd 02/02/2016		23,906.25	
ormo 9	Conditi			2		
If the date	of the recei	nt of the Joh ord	amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of delay as liquidate	d damages.		
	x or e-mail.	pt of the Job of	er (JO) by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received	oy a representative ei	ther	
		item(s) shall be n	nade within the prescribed schedule dates. All item(s) shall be delivered and accepted by the GSU at PhilHealth Building		han Cit	

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 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,

		DERWIN/WENDELL SUPREMO
		AO IV/OIC, MSD
Certified Budget Available	Funds Available in the amount of:	APPROVED:
BENJAMIN N. GABRIELES, JR. Fiscal Examiner A	LEVIE C. VILLEGAS Fiscal Controller, III	WALTER R. BACAREZA
Within COB: Expense Code:		Regional Vice President
Budget:		Date Approyed:
Remarks:	1	
Received copy of JO:	CONFORME	