

# JOB ORDER

(Non-Inventoriable Items)

Supplier CHILDREN'S PLACE  
Address TACLOBAN CITY  
Tel. Fax. No. 9173268689  
Supplier Registered with: \_\_\_\_\_

Job Order No.: 16-03-05  
Date: 3/15/2016  
Terms of Payment: On credit  
Mode of Procurement: \_\_\_\_\_

Please deliver to this office within \_\_\_\_\_ upon approval of the following.

Note:				UNIT PRICE	TOTAL AMOUNT
NO.	QTY	UNIT	SERVICE DETAILS		
	600	PCS	Foldable Frisbee Fan	14.80	8,880.00
			xxx nothing follows xxx		-
					-
					-
					-
					-
					8,880.00
			LESS:		
			FWVAT 2%	396.43	555.00
			EWT 3%	158.57	
					8,325.00
			PR # 16-02-47 DTD 02/19/2016		

## 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 delay as liquidated damages.
- If the date of the receipt of the Job order (JO) 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. All item(s) shall be delivered and accepted by the GSU at PhilHealth Building 2, P. Burgos St., Tacloban 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 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:
<b>BENJAMIN N. GABRIELES, JR.</b>	<b>LEVIE VILLEGAS</b>	<b>WALTER R. BACAREZA</b>
Fiscal Examiner A	Fiscal Controller III	Regional Vice President
Within COB: _____		Date Approved: _____
Expense Code: _____		
Budget: _____		
Remarks: _____		
Received copy of JO: <u>3-22-16</u>	CONFORME:	<b>ANNIE DE VILCO</b>
dated: _____		Print Name and Signature of Supplier/Representative