

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
 709 CityState Center Bldg.
 Shaw Blvd. Brgy. Oranbo, Pasig City
 Tele/Fax: 637-3158 637-4735

SBAC-PS-14

JOB ORDER
 (Non-Inventoriable Items)

Supplier: CLAIRE DELFIN MEDIA SERVICES Job Order No.: 17-05-049
 Address: Unit 601 LR1 Bldg. 21, Congressional Ave., Cor. Visaya & Q.C. Date: May 4, 2017
 Tel/Fax No.: 355-2317 Terms of Payment: On Account
 Supplier Registered with: PHILHEALTH Mode of Procurement: Small Value Procurement

Please deliver to this office within One (1) week upon providing inputs for final revision upon approval of the following

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	1	lot	PROCUREMENT OF OMNIBUS AVP Specs: Instructional/Informative/Motion Graphic with Typography Video. Approx. Running time : 15-20 mins. (can be spliced/segmented for topic Major topic (2) With stills. With talent (male), voice over talent, for selection on client (preferably female); With voice over recording, with english subtitle, with 2D/3D animation and graphics/typography, with mixing and musical scoring, with editing and revisions (with unlimited edits after initial draft has been submitted. Storyboard for approval of clients; HD copy (on CD) of the output once finalized. Format applicable to be played on LED wall, draft versions can be presented thru Links (privacy settings should be set for viewing of clients and supplier only). Can be played on LCD screens. Website/YouTube; raw files shall be provided to end-user upon completion of project.	143,000.00	143,000.00
			LESS:		143,000.00
			BWT 2% 2,553.57 /		8,937.50
			GMP 5% 6,983.93 /		134,062.50
			PR # 17-0715 dtd. 11/02/16 Cormor		

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 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 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. 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 (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 (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.
- Warranty Security of 1% of gross amount (Section 62, Warranty of 2016 Revised IRR of RA 9184).

Very truly yours,

[Signature]
ELY E. ROXAS

Administrative Officer II

Certified budget Available:	Funds Available in the amount of:	Php143,000.00	APPROVED:
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller IV	<i>[Signature]</i> LYNIE S. ARCENAS Fiscal Controller III		<i>[Signature]</i> ATTY. VALERIE ANNE H. HOLLERO OIC, Corporate Legal Counsel HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>2016 (even)</u>		<u>143,000.00</u>	
Expense Code: <u>7000-1007-0000-0000-0000-0000</u>		<u>143,000.00</u>	
Budget: <u>143,000.00 - 1000000.00</u>		<u>143,000.00</u>	
Remarks:			

CONFORME:

Received copy of J.O on

[Signature]
R. E. Roxas 5/10/17

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ELY E. ROXAS
 Administrative Officer III

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CORAZON M. TABULAO Fiscal Controller IV			ATTY. VALERIE ANNE H. HOLLERO OIC, Corporate Legal Counsel HEAD OF THE AGENCY or Authorized Representative
LYNIE S. ARCENAS Fiscal Controller III			
Within the COB: Expense Code: _____ Budget: _____ remarks: _____			
Received copy of J.O on _____			CONFORME: Print Name and Signature of Supplier/Representative