REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation
709 CityState Center Bldg.
Shaw Blvd. Brgy. Oranbo, Pasig City
TeleFax: 637-3158 637-4735

OP · 2019 - 05 · 29 · 5094 SBAC-PS-14

## IOR ORDER

					nventoriable Item				
							Job Order No.:	17-05-061	
Address			e St. San Jose Rod	driguez Rizal			Date:		25, 2017
Tel.Fax N	I.Fax No. 02-586-7673 02-9662189 Terms of Paymen						Terms of Payment:	On Account	
Supplier Registered with: PHILHEALTH Mode of Proc						de of Procurement:	Small Value Procurement		
Please deliver to this office within 30 Calendar days upon app								proval of the f	ollowing
Note:			ven (7) calendar				——————————————————————————————————————	7,0,0,0,0,0	O
NO.	QTY							UNIT PRICE	TOTAL AMOUNT
PROCUREMENT OF CORPORATE GIVEAWAYS- FOLDABLE FANS									
								10.50	63,000.00
	6000	pcs	Specs: Colro: White	<u>a</u>				10.50	00,000.00
	0000	1 200	Material: 1907	•					
			Size: 25 cm (diam	natarl					
							111		
	Process: Screen printed (R-2/G - 159/V-17 or hex # 029D11)								
	with Pouch Packaging: Individual wrapped in plastic poly bag								
			Packaging : inun	viauai wrappeu i	in biastic boly bag	j			
								-	63,000.00
					EWT 2	70 <u>7</u>	1,125.00		00,000.00
					GMP 5		2,812.50		3 037 50
					GIVIE	)%	2,012.50	}	3,937.50 <b>59,062.50</b>
			PR #					<u> </u>	57,002.50
			· ·						
			17-0331 dtd.	03/05/17	CorMar				
L	<u> </u>	<u> </u>							
Terms & Conditions:									
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									
(MWF). All item(s) shall be delivered and accepted by the PSMD at 15th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.									
<ul><li>4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.</li><li>5. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.</li></ul>									
With pr	rovision for	r a back-u	p unit in case of re	epair.			•		•
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 offi	fice or influ	ience the a	actions of directors	s or employees, o	or create the app	oeara	ince of a conflict of int		Turictions of
their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.  7. Warranty Security of 1% of gross amount (Section 62. Warranty of 2016 Revised IRR of RA 9184).									
					٧	'erv t	ruly yours,		
								phone	
E Admin								LY E. ROXAS istrative Officer I	III
							Admin	strative officer	Ш
Certified Bud	dget Available		Funds Available in the	amount of:	Php63,000.0	0	APPROVED:		
temple of the second of the se									
CORAZON M. TABULAO LYNES. ARCENAS CLOSER & CEN									
	Fiscal Cor	JUNE P- 1	ne ua sena						
Within the COB: 2017 9 63, 600.									
Expense Cod		D OF THE AGENCY	~ -{;						
4 17 2									ive //
Budget:   1 63   1000   Cornant									

Received copy of J.O on

CONFORME:

MICHAEL TUMAN WEVA Print Name and Signature of Supplier/Representative