

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

SBAC-PS-14

**J O B O R D E R**  
 (Non-Inventoriable Items)

Supplier **RED ROOT ARTIST & ARTISANS** Job Order No.: **17-06-077**  
**MULTIPURPOSE COOPERATIVE**  
 Address **62B Mapagkawanggawa Teacher's Vill. Diliman, Quezon City** Date: **June 27, 2017**  
 Tel.Fax No. **433-4453** Terms of Payment: **On Account**  
 Supplier Registered with: **PHILHEALTH** Mode of Procurement: **Small Value Procurement**

**Final Output - 5 days after approval of final draft.**

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

Note: 2.) 15 seconder version - within (5) days after approval of the final draft.

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	1	LOT	<p><b>PROCUREMENT OF "PHILHEALTH MEMBER AKO" AVP</b></p> <p>Specs: a: FINAL OUTPUT; One (1) unit (running time) video with 15- seconder versions; Frame Size: 1920 x 1080 Full HD; File Format; mov., .mp4, .avi in separate CD's Raw Materials and footages in CD; Can be played on LCD/LED screens, Website/Youtube. B. SCOPE OF WORK: Directing, Video Shoot, Consider talents based on the script provided by client, consider production set-up' Location shoot (consider location and permits), Video editing, Music for background' Voice over recording, mixing and editing, C. OTHER REQUIREMENTS; Presentation of storyboard, subtitling in english, editing and revisions (at least three (3) revisions, and minor editing.</p> <p>Note: <b>Non-VAT</b> <i>amv</i></p> <p>PR # 17-0399 dtd. 05/31/17 Corman</p>	300,000.00	300,000.00
					300,000.00

**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,

*ELY E. ROXAS*  
**ELY E. ROXAS**

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php300,000.00	APPROVED:
<i>10/27</i> EDITHA O. RAMASTA Fiscal Controller IV	<i>6/27</i> LYNIE S. ARCENAS Fiscal Controller III	<i>300,000.00</i> ABC 2017-07-168	<i>Abrien del... Rev Condana</i>
Within the COB: <i>206 (100)</i>	Expense Code: <i>767-00/2</i>	Budget: <i>300,000</i>	HEAD OF THE AGENCY or Authorized Representative <i>f</i>
Remarks: <i>17-06-077</i>			

Received copy of J.O on <u>July 03, 2017</u>	CONFORME: <i>Rev Condana</i> Print Name and Signature of Supplier/Representative
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