

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 VJ7 PRINTING & PACKAGING INC. Job Order No.: 17-11-160  
 Address VP Gomez St. Maysan Valenzuela City Date: November 24, 2017  
 Tel.Fax No. 272-9513 Terms of Payment: On Account  
 Supplier Registered with: PHILHEALTH Mode of Procurement: Small Value Procurement

Please deliver to this office within 30 working days upon approval of the following  
 Note: and additional (7) calendar days for approval of sample upon endorsement of layout


NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	2,000	pcs	<p style="text-align: center;"><b>GENERIC PLANNERS</b></p> <p>Specs:                      Size: 6 inches X 8.5 inches (folded)                      12.85 inches x 8.5 inches (spread, cover)                      Cover : Material hard bound, matte paper, full color print with die cut                      PhilHealth Logo on the cover : debossed                      Binding: Perfect                      Fly leaf: font and back, full color, 1 side print                      Fly leaf: (front) spot UV laminated, full color print                      Paper : Special cream                      No. of leaves: 90 (180 pages)                      Extra features: Rounded corner, with strap holder/garter fastening                      (white) and magnetic bookmark                      Magnetic Bookmark                      Size: 2.5 inches x 1 inch (folded), 5 inches x 1 inch (spread)                      Material: Foldcoate # 20, Feature: with Magnets                      Print: Spot UV laminated</p>	374.00	748,000.00
			LESS:		748,000.00
			EWT 2% 13,357.14		46,750.00
			GMP 5% 33,392.86		701,250.00
			PR #		
			17-0710 dtd. 11-03-17 - Cormar		

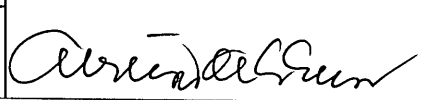
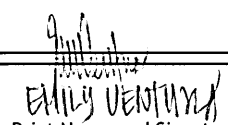
**Terms & Conditions:**

- 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.

Very truly yours,

N<sup>o</sup> 17-11-160

  
**ELY E. ROXAS**  
 Administrative Officer III

Certified Budget Available: _____ Funds Available in the amount of: <u>Php748,000.00</u>	APPROVED:  <b>Dr. Celestina Ma. Jude P. de la Serna</b> Interim/OIC President and CEO
Within the COB: <u>2017</u> Expense Code: <u>5029901002 / 2</u> Budget: <u>₱ 748,000.00 - 1</u> <u>CORMAR</u> Remarks: <u>AGC 2017-10-412 Ad. 11/14/17</u>	CONFORME:  <b>EMILY VENTURA</b> Print Name and Signature of Supplier/Representative
Received copy of J.O on _____	Date: <u>11/22/17</u>