

JOB ORDER
(Non-Inventoriable Items)

Supplier **LANGHOFF PROMOTION PHILS, INC.** Job Order No.: **18-05-049**
 Address **Thye Penthouse, 5/F Yupangco Bldg. 339 Sen. Gil Puyat Ave. cor. N. Garcia St. Makati City** Date: **May 7, 2018**
 Tel.Fax No. **478-6888** Terms of Payment: **On Account**
 Supplier Registered with: **PHILHEALTH** Mode of Procurement: **Small Value Procurement**

Please deliver to this office within **40 working days upon approval of approved sample from end user** upon approval of the following

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	2,000	pcs	PROCUREMENT OF SPORTS BOTTLE Specifications: Material : Clear Plastic Height : 9 inches Diameter : 2.5 inches PhilHealth Logo: 1.8 inches (W) x 0.66 (H) attached design Packaging : Individual box Note: Warranty : (30) working days after complete delivery Plus 12% VAT	178.47	356,940.00
			LESS:		42,832.80
			EWT 2% 7,138.80		399,772.80
			GMP 5% 17,847.00		24,985.80
			PR # 18-0137 dtd. 04/18/18 CorMar		374,787.00

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 PSMO 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.
- Retention Fee of 1% of gross amount (GPPB Resoution No. 30-2017 of 2016 Revised IRR of RA 9184).

Very truly yours,

ELY E. ROXAS

Administrative Officer III

No 1805049

Certified Budget Available:	Funds Available in the amount of:	Php 399,772.80	APPROVED: DR. ISRAEL FRANCIS A. PARGAS HEA/OIC-VP HEAD OF THE AGENCY or Authorized Representative
EDITHA O. RAMASTA Fiscal Controller IV	WILLIE M. BUMACOD Fiscal Controller IV		
Within the COB: 2018	Expense Code: 02910000-12	Budget: 399,772.80	CONFORME: GINO PATRICKO VILANUEVA Print Name and Signature of Supplier/Representative
Remarks: 5-17-18			

J O B O R D E R

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Very truly yours,

Certified Budget Available:	Funds Available in the amount of:	Php399,772.80	APPROVED:
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> EDITHA O. RAMASTA <hr/> Fiscal Controller IV </div> <div style="text-align: center;"> WILLIE M. BUMACOD <hr/> Fiscal Controller IV </div> </div>			DR. ISRAEL FRANCIS A. PARGAS HEA/OIC-VP HEAD OF THE AGENCY or Authorized Representative
<div style="border: 1px solid black; padding: 5px;"> Within the COB: _____ Expense Code: _____ Budget: _____ remarks: _____ _____ </div>			

Print Name and Signature
of Supplier/Representative