REPUBLIC OF THE PHILIPPINES Repline Health Economics Corporation 799 ChyStole Corber 810. Shaw 84d. 8rgy. Oranbo, Peelg Chy Tolefax: 637-3158 637-4735

BEST SHOT PRINTING

ABGRO BOL

SBAC-PS-14

Supplier Plea	ELFEX NO. 435-0772 924-2548 sppiler Registered with: PHRHEALTH Please deliver to this office within		24-2548 Terms of Payment: PHILHEALTH Hode of Procurement: 20 working days upon approval of	18-10-103 Conher 3, 2018 On Account Small Value Procuremen	
tete:]	OTY	7 1000	the days for the presentation of gample.	roval of the f	cilcuity
-	1,000		PROCUREMENT OF COMPORATE GREETING CARD WITH ENVELOPE	SHEET PROCE	TOTAL ANGUNT
,	*		Space: CARD: Shar: 16 cm x 13 cm (H) felded 16 cm x 25cm (spreed) Paper Stock : Matte 180 Princips: Full Color CHYX (2 sides) CUSTOMRED EMPELORY Shar: 17 cm x 14 cm Pachaging: 200 pets per box Mate:: Greeting Card must be inside the anvelope upon delivery	4.50	12.900
			LESS: EWT 23 500.36 , GMP SS 1,430.00 ,		2,500
1	.		19-046 etd. 09/11/18 Cormer		2,031,2

- 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 testinged descape.

 2. If the date of receipt of the Job Color (LC) by the dealer is not indicated, it shall be deamed received on the day it was acknowledge to leave been received by a representative office flowed for e-mail.

 3. Delivery at the shore lamply shall be made within the prescribed acts date. Supplier are advised to Inform Procurement Section at test and (2) days before the delivery. Lise of alsowers shall only be them 09:20 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/WedFri at test and (2) days before the delivery. Lise of alsowers shall only be them 09:20 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/WedFri at Delivery Placety and Sales Investo which be required for one-done complete delivery of the goods.

 5. Delective, 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 is case of repair.

 6. The contexting perties understate to comply with Office order No. 0018-2018 entited (Plateration of Platerath No Oilt Policy (Platetion 1) which is deemed incorporated into this Context. No Prilhealth personnel shall solice, demand, or accept, directly or Indirectly, any gift where such gift is given to the course of citical delivery, whether they terrescon which any extension which may affect the functions of the street of citical delivery, or create the appearance of a conflict of interest.

 7. Wastarty Security of 1% of gross amount (Section 62, Wastarty of 2018 Revised IRR of RA 8194).

	ANT Yours	
COTATION STATE AND	APPROVED: APPROVED: MARY ARRIVA MALINES Plend, SEAC WERD OF THE MEDIC: WARTHAMAN MARINES ARRIVANCE MARINES	
Received copy of J.O on	CHRETTA BERGE 10-	11-2011

REPUBLIC OF THE PHILIPPINES **Philippine Health Insurance Corporation**

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

JOB ORDER

SBAC-PS-14

Supplier	BEST SHOT PRINTING Jo			der No.:	18-10-103 October 3, 2018	
Address 109 Kamias Road, Quezon Cit		ty		Date:		
Tel.Fax No.	435-0772 924-2548	Terms of P	ayment: ¯	On Account		
Supplier Registered with:		PHILHEALTH	Mode of Procu	ırement: _	Small Value Procurement	
Please o	leliver to this office within	• ,	s upon approval of sample	upon app	roval of the following	

Note: Including 7 working days for the presentation of sample

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	5,000	PCS	PROCUREMENT OF CORPORATE GREETING CARD WITH ENVELOPE	6.50	32,500.00
			Specs:		
•			CARD:		
			Size: 16 cm x 13 cm (H) folded 16 cm x 26cm (spread)		
			Paper Stock: Matte 180		
			Process: Full Color CMYK (2 sides)		
			CUSTOMIZED ENVELOPE		
			Size: 17 cm x 14 cm		
			Packaging: 200 sets per box		
			Note: Greeting Card must be inside the envelope upon delivery		
			·		32,500.00
	1		LESS:		
			EWT 2% 580.36		2 024 25
			GMP 5% 1,450.89		2,031.25
			18-0466 dtd. 09/11/18 Cormar		30,468.75
			10-0400 utu. 09/11/10 CUIIIIai		

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.
- 4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- 5. 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.
- 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 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).

Very truly yours,

ELY E. ROXAS

			Administrative Officer III	
Certified Budget Available:	Funds Available in the amount of:	Php32,500.00	APPROVED:	
CORAZON M. TABUL Fiscal Controller II Within the COB:		<u> </u>	MARY ANN A. MALINIS	
Expense Code: Budget: kemarks:			Head, SBAC HEAD OF THE AGENCY or Authorized Representative	
		CON	FORME:	
Received copy of J.O or			Print Name and Signature of Supplier/Representative	