REPUBLIC OF THE PHILIPPINES Philippine Health Ensurance Corporation 709 ChyState Center Bide. Shaw Bird. Brgv. Cleanbo, Paulg Chy Teleficc. 637-3158 637-4735

JOE ORDER

BEST SHOT PRINTING

SEAC-PS-14

| el Fax No. 435-0772 i supplier Registered with: | | -07772 (| Tens | Terms of Payment: Hode of Procurement: | | 18-10-104 October 3, 2018 On Account Small Value Procuremen | |
|--|------------------|----------|--|---|--|--|--|
| | | | Node of Pi | | | | |
| | ne debe mbede | to this | office within Aff working days upon approval of Basic ample | upon api | proval of the | following | |
| 10. | QΠ | UNIT | SHIVE DEAD | | S. S | | |
| * | 1,000 | 162 | PROCUREMENT OF RISK MANAGEMENT PAMPHLET | | CE CO | AMOUNT | |
| | | | Preca: | I | 7.24 | 7,340 | |
| 1 | | | Paper Stock: CIS 100 | | | | |
| - 1 | | | Nor. Alspread | | | | |
| 1 | - 1 | | Type: 2 fold | | • | | |
| - 1 | I | | Color : Full color printing Binding : Saddie stich | 1 | | | |
| - 1 | 1 | | Packaging: S00 phores/pack | | | | |
| | | | | | | | |
| | 1 | | | | | | |
| - 1 | | | 요즘 도시를 잃었다면 청년이라고 다 | • | i | | |
| - 1 | | | (2) [12] [12] [13] [14] [14] [14] [15] [15] [15] [15] [15] [15] [15] [15 | | 1 | 7,2403 | |
| - 1 | | | M a ma | | 1 | | |
| | | | | 2. | · | 452.5 | |
| 1 | | | 18-0485 ctd. 09/12/18 Cortoer | | | 6,717.5 | |

6. The contracting period undertake to comply with Office order No. 0018-0015 entitled (Faitheration of Phithealth No GRI Policy (Nevision 1) which is desired incorporated into the Contract. No Phithealth personnel shall exite, demand, or accept, directly or indirectly, any grit from any person, group or association, or juridical entity, whether from the public or private sector, at anytime, on or off the work previous their sults gift in given in the course of official dates or which in convection which may affect the functions of their work previous 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 2018 Revised SRI of RA 9184).
Very truty yours,

| CONTINUE Burger Available: Funds available in the Collection of Table Account of Table Acco | LIFE & ARCHAS LYNE & ARCHAS Facal Controller III 77,240- BECALACIT CS 277 | Administrative Officer SI APPROVED: MARY ASM A. MALLING FROM SINCE SINCE THE MERCY OF Actions of Approximation Actions of Approximation | |
|--|---|--|--------|
| Received copy of J.O on | COM | CHRISTIN DERE 10- | 11-208 |

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

JOB ORDER

| Supplier | BEST SHOT PRINTING | ; | Job C | Order No.: | 18-10-104 | |
|---------------------------|-------------------------------|------------|------------------------------|-----------------|-------------------------|--|
| Address | 109 Kamias Road, Quezon C | | Date: | October 3, 2018 | | |
| Tel.Fax No. | 435-0772 924-2548 | | Terms of | Payment: | On Account | |
| Supplier Registered with: | | PHILHEALTH | Mode of Prod | curement: _ | Small Value Procurement | |
| Please o | deliver 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 | 1,000 | PCS | PROCUREMENT OF RISK MANAGEMENT PAMPHLET | 7.24 | 7,240.00 |
| | | | Specs: Paper Stock: C2S 100 Size: A4 spread Type: 2 - fold Color: Full color printing Binding: Saddle stich | | |
| | | | Packaging: 500 sheets/pack | | 7,240.00 |
| | | | LESS: EWT 2% 129.29 GMP 5% 323.21 18-0485 dtd. 09/12/18 Cormar | | 452.50 6,787.50 |

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: | Php7,240.00 | APPROVED: | |
| CORAZON M. TABUL Fiscal Controller II | | | MARY ANN A. MALINIS | |
| Within the COB: Expense Code: Budget: kemarks: | | | Head, SBAC HEAD OF THE AGENCY or Authorized Representative | |
| | | CONF | ORME: | |
| Received copy of J.O on | | | Print Name and Signature of Supplier/Representative | |
| | | | | |