

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
 (Non-Inventoriable Items)

Supplier **RAV & JOHNRAY MARKETING HOME & OFFICE INTERIORS** Job Order No.: **18-11-131**
 Address **GTG Bldg. Unit 7, 51 Francis v. Conlalay, Biñan Laguna** Date: **November 16, 2018**
 Tel/Fax No. **710-3310** Terms of Payment: **On Account**
 Supplier Registered with: **PHILHEALTH** Mode of Procurement: **Small Value Procurement**

Please deliver to this office within **15 working days** upon approval of the following

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	1	lot	ROLLER BLINDS INCLUDING INSTALLATION	145,484.85	145,484.85
			For Room # 203 204 205 206 207 1706 1709 Note: (1) One year from the date of delivery Other Info. As per Approved TOR LESS: EWI 2% 2,597.94 GMP 5% 6,494.86 PR # 18-568 did. 10/25/18 PRD		145,484.85
					9,092.80
					136,392.05

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 PSMG at 15th Floor, Room 1501 Citystate Cr. 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 Resolution No. 30-2017 of 2016 Revised IRR of RA 9184).

Very truly yours,

ELY E. ROXAS

Administrative Officer III

11-358

JO 11-017

Certified Budget Available:	Funds Available in the amount of:	Php 145,484.85	APPROVED:
 CORAZON M. TABULAO Fiscal Controller III	 LYNNE S. ARCENAS Fiscal Controller III		 JOSEPH O. VERGARA Head, SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: 2018	Expend Code: 1507010 (Furniture & Fixtures)	Budget: 145,484.85	
Remarks: Approved for PRD			
Received copy of J.O. on November 21, 2018			CONFORME: NDECA-DAVENZUELA Print Name and Signature of Supplier/Representative

SBAC-PS-14

(Non-Inventoriable Items)

Please deliver to this office within 15 working days upon approval of the following

Terms & Conditions:

- Very truly yours,

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php145,484.85	APPROVED:
<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="text-align: center;"> CORAZON M. TABULAO <hr style="width: 80%; margin: 0 auto;"/> Fiscal Controller III </div> <div style="text-align: center;"> LYNIE S. ARCENAS <hr style="width: 80%; margin: 0 auto;"/> Fiscal Controller III </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____ _____ </div>			JOSEPH O. VERGARA HEA/OIC-VP HEAD OF THE AGENCY or Authorized Representative
Received copy of J.O on _____			CONFORME: <div style="text-align: center; margin-top: 20px;"> Print Name and Signature of Supplier/Representative </div>