

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 **ERWIN AND CLAUDETE CATERING SERVICES** Job Order No.: **19-03-006**
 Address 221 D. Amang Rodriguez Ave. Santolan, Pasig City Date: March 1, 2019
 Tel.Fax No. 636-1374 Terms of Payment: On Account
 Supplier Registered with: PHILHEALTH Mode of Procurement: Small Value Procurement

Please deliver to this office within as per schedule upon approval of the following

| NO. | QTY | UNIT | SERVICE DETAILS | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|---|------------|-------------------|
| 1 | 1 | LOT | <p>CATERING SERVICES FOR THE CONDUCT OF INTERPERSONAL AND CLIENT EFFECTIVENESS</p> <p>Meals : Lunch & AM /PM Snack</p> <p>With Beverage Water Set-up with purified Water & Ice; utensils including plates; Bar Station for Juice or Ice Tea. Buffet table with centerpiece, uniformed waiter services, candies & free flowing coffee</p> <p>Batches: Batch 1 (March 5-6) Batch 2 (March 7-8), Batch 3 (March 10-11) Batch 4(April 23-24) Batch 5 (April 25-26) Batch 6 (May 2-3) Batch 7 (May 7-8) & Batch 8 (May 10-11, 2019)</p> <p>Other Info: 35 pax/batch (2 days)</p> <p>Term of Payment: Partial Billing after every completion of batches</p> <p style="text-align: center;">LESS:</p> <p style="text-align: right;">EWT 2% 7,000.00</p> <p style="text-align: right;">GMP 5% 17,500.00</p> <p>PR # 19-0049 dtd. 02/19/19 HRD</p> | | 392,000.00 |
| | | | | | 392,000.00 |
| | | | | | 24,500.00 |
| | | | | | 367,500.00 |

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

LO2-321

ELY E. ROXAS
ELY E. ROXAS
 Administrative Officer III

| | | | |
|---|--|---------------------------|-----------|
| Certified Budget Available: | Funds Available in the amount of: | Php392,000.00 | APPROVED: |
| <i>Editha O. Ramasta</i> EDITHA O. RAMASTA Fiscal Controller IV | <i>Renna Grace P. Del Socorro</i> RENNA GRACE P. DEL SOCORRO Fiscal Controller III | | |
| Within the COB: <u>04 26 19</u> | Expense Code: <u>3720201001 SIG 19</u> | Budget: <u>392,000.00</u> | |
| Remarks: <u>314119</u> | | | |

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|--|---|
| CONFORME: | |
| Received copy of J.O on <u>MA CLAUDETE RATALEN</u> <u>3-4-2019</u> | Print Name and Signature of Supplier/Representative |