

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                  | <b>VPG CORPORATION</b>                       | Job Order No.:       | <b>19-04-024</b>        |
| Address                   | 70 A. Mabini St. J.P. Rizal Mandaluyong City | Date:                | April 5, 2019           |
| Tel.Fax No.               | 531-9549                                     | 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 style="text-align: center;">CATERING SERVICES FOR THE CONDUCT OF OREINTATION ON PROPERTY AND SUPPLY MANAGEMENT SYSTEM (PSMS)</p> <p>Meals : Buffet Lunch &amp; AM /PM Snack</p> <p>No of pax: 31 x 2 days</p> <p>Date: April 11-12, 2019</p> <p>Venue: SHIA Training Room</p> <p style="text-align: right;">PR #<br/>19-0159 dtd. 04/03/19 PRID</p> |            | 46,500.00        |
|     |     |      | LESS:  |            | 46,500.00        |
|     |     |      | EWT 2%          830.36   |            | 2,906.25         |
|     |     |      | GMP 5%          2,075.89   |            | <b>43,593.75</b> |

**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. 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*  
**ELY E. ROXAS**  
 Administrative Officer III

04-143

|   |   |                           |  |
|---|---|---------------------------|--|
| Certified Budget Available:   | Funds Available in the amount of:   | Php46,500.00              | APPROVED:  |
| <i>Corazon M. Tabulao</i><br><b>CORAZON M. TABULAO</b><br>Fiscal Controller III | <i>Lilia R. Garrido</i><br><b>LILIA R. GARRIDO</b><br>Fiscal Controller III |                           | <i>Joseph O. Vergara</i><br><b>JOSEPH O. VERGARA</b><br>Head, SBAC<br>HEAD OF THE AGENCY<br>or Authorized Representative |
| Within the COB: <u>2019</u>   | Expense Code: <u>502999005</u>  | Budget: <u>₱46,500.00</u> |  |
| Remarks: <u>Change to PRID 15/04/19</u>   |   |                           |  |

|                         |  |   |
|-------------------------|--|---|
| Received copy of J.O on | <i>Philhealth</i><br><b>Philhealth</b><br>4-8-19 | CONFORME:<br>Print Name and Signature<br>of Supplier/Representative |
|-------------------------|--|---|