

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 VPG CORPORATION Job Order No.: 19-11-117  
 Address 70 A. Mabini St. J.P. Rizal Mandaluyong City Date: November 14, 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

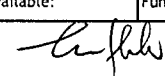
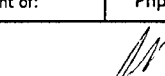

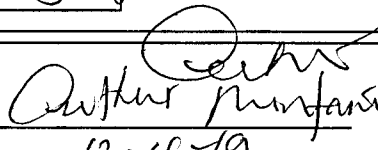
| NO. | QTY | UNIT | SERVICE DETAILS   | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|---|------------|--------------|
| 1   | 1   | LOT  | CATERING SERVICES FOR THE CONDUCT OF TRAINING/WORKSHOP ON<br>EVENTS MARKETING<br><br>Meals : AM Snack, Buffet Lunch & PM Snacks<br>Date: December 18-19, 2019<br>Venue : Philhealth Citystate Center, Pasig<br>No. of Pax : 30 pax for (2) days |            | 33,000.00    |
|     |     |      | LESS:   |            | 33,000.00    |
|     |     |      | EWT 2% 589.29   |            |              |
|     |     |      | GMP 5% 1,473.21   |            | 2,062.50     |
|     |     |      | PR #  |            | 30,937.50    |
|     |     |      | 19-0630 dtd. 11/13/19 CorMar  |            |              |

**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.
- In all cases, the request for extension should be submitted before the lapse of the original delivery date. The maximum allowable extension shall not be longer than the initial delivery period as stated in the original contract.

Very truly yours,

  
**JOSEPH O. VERGARA**  
 Head, SBAC & Procurement

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| Certified Budget Available:  | Funds Available in the amount of:  | Php33,000.00   | APPROVED:  |
| <br>CORAZON M. TABULAO<br>Fiscal Controller III | <br>LILIA R. GARRIDO<br>Fiscal Controller III |  | <br><b>BGEN AUGUSTUS H DE VILLA MD AFP (RET)</b><br>Acting Executive Vice-President and COO<br>HEAD OF THE AGENCY<br>or Authorized Representative |
| Within the COB: <u>12/2019</u>   | Expense Code: <u>502020001/ST06T9</u>  | Budget: <u>33,000.-</u>                                |  |
| Remarks: <u>Chargeable to Training Programs</u>  | <u>11/20/19</u>  |  |  |
| Received copy of J.O on <u>12-4-19</u>   | <br>CONFORME:                                 | Print Name and Signature<br>of Supplier/Representative |  |