# REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporatio

709 CityState Center Bldg.
Shaw Blvd. Brgy. Oranbo, Pasig City
TeleFax: 637-3158 637-4735

SBAC-PS-14

### JOB ORDER

(Non-Inventoriable Items)

TRANSPRINT CORPORATION 19-11-128 Supplier Job Order No.: Address Del Monte, Quezon City November 27, 2019 Date: Tel.Fax No. 373-1348 Terms of Payment: On Account Supplier Registered with: PHILHEALTH Mode of Procurement: Small Value Procurement

Please deliver to this office within

30 Calendar days

upon approval of the following

| NO. | QTY    | UNIT | SERVICE DETAILS   | UNIT<br>PRICE | TOTAL<br>AMOUNT |
|-----|--------|------|---|---------------|-----------------|
| 1   | 50,000 | pcs. | BROCHURE  | 0.97          | 48,500.00       |
|     |        |      | Specifications:   |               |                 |
|     |        |      | Size: A4 Pages: 2 side printing/2 folds, 3 panels   |               |                 |
|     |        |      | Process: Digital printing 4/4 with gloss finish, F & B printing                                 |               |                 |
|     |        |      | Color: Full Color, CMYK   |               |                 |
|     |        |      | Paper Stock: C2s 70#  |               |                 |
|     |        |      | Others: Soft & hard copy of design and layout to be supplied                                    |               |                 |
|     |        |      | by end user  a. Deliveries shall be packed 500pcs. Per package                                  |               |                 |
|     |        |      | b. Two sheets of kraft paper with a thickness of 150lbs. Shall                                  |               |                 |
|     |        |      | be utilized for packaging, each package to be sealed  |               |                 |
|     |        |      | appropriately for shipment purposes using packaging tape/                                       |               |                 |
|     |        |      | plastic. (mummified with packaging tape/plastic)  |               |                 |
|     |        |      | c. Each package shall contain (1) sample brochure outside the packaging for inspection          |               |                 |
|     |        |      | Logo: DOH, F1 Plus, Philhealth Logo   |               |                 |
| 2   | 21,000 | pcs  | POSTER  | 9.70          | 203,700.00      |
|     |        |      | Specifications:   |               |                 |
|     |        |      | The poster will have six (6) types per one (1) set  |               |                 |
|     |        |      | Each poster type will have 3,500 pcs.  3,500 x 6 = 21,000 pcs. total quantity of posters        |               |                 |
|     |        |      | Logo: DOH, F1 Plus, Philhealth logo   |               |                 |
|     |        |      | Size: W18" x L24"   | , i           |                 |
|     |        |      | Printing: 1 side printing   |               |                 |
|     |        |      | Process: Offset or digital printing with matt lamination  |               |                 |
|     |        |      | Color: Full Color CMYK Paper Stock: Matte 160#  |               |                 |
|     |        |      | Packaging: a.) deliveries shall be packed 100pcs. Per type of                                   |               |                 |
|     |        |      | poster per package  |               |                 |
|     |        |      | b. Two sheets of kraft paper with a thickness of 150 lbs. shall                                 | . ]           |                 |
|     |        |      | be utilized for the packaging, each package to be sealed  |               |                 |
|     |        |      | appropriately for shipment purposed using tape/plastic. (mummified with packaging tape/plastic) |               |                 |
|     |        |      | c. Each package shall contain 1 sample poster outside the                                       |               |                 |
|     |        |      | packaging for inspection  |               | •               |
| 3   | 5,000  | pcs  | FLYER FAN   | 3.80          | 19,000.00       |
|     |        |      | Specifications:   |               |                 |
|     |        |      | Material: Foldcote 18# Color: Full Color CMYK   |               |                 |
|     |        |      | Size: W6" x H9"   |               |                 |
|     |        |      | Process: digital printing 4/4   |               |                 |
|     |        |      | Process: Digital printing 4/4 with gloss finish, F & B printing                                 |               |                 |
|     | 4.000  |      | Packaging: Wrapped in plastic (50) pcs. per bundle)   |               |                 |
| 4   | 4,900  | pcs  | NOTEBOOK Specifications:  | 51.00         | 249,900.00      |
|     |        |      | Material: Cover: C2S 220#   |               |                 |
| ļ   |        |      | Inside: Bookpaper 60#   |               |                 |
| :   |        |      | No. of pages: 200 pages (excluding cover)   |               |                 |
|     |        |      | Color of Notebook: White  |               |                 |
|     |        |      | Ruled: ligth gray Logo size: 3cm  |               |                 |
|     |        |      | Logo color: full color  |               |                 |
|     |        |      | Program logo: DOH, F1 Plus, Philhealth logo   |               |                 |
|     |        |      | Text Color: Green & Black   |               |                 |
|     |        |      | Text Size: 1.5cm<br>Size: 15cm (W) x 21cm (H)   |               |                 |
|     |        | ;    | Process: digital printing for cover, offset printing (front & back)                             |               |                 |
|     |        |      | for inside pages  |               |                 |
|     |        |      | Binding: Ring Bind  |               |                 |
|     |        |      | Ring Size: 1" diameter  |               | İ               |
|     |        |      |   |               |                 |

|                         |   | CONFORME: |   |
|-------------------------|---|-----------|---|
| Received copy of J.O on | P-4000000000000000000000000000000000000 |           | Print Name and Signature of Supplier/Representative |



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#### **Philippine Health Insurance Corporation**

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SBAC-PS-14

## JOB ORDER

| Supplier   | TRA  | NSPRIN   | T CORPORATION   | rentoriable Items)  | Job Order No.:   | 19-1  | 1-128  |
|--|--|--|---|---|--|---|--|
| Address  | Del  | Monte, Qu  | ezon City   |   | Date:  | Novembe   | er 27, 2019  |
| Tel.Fax N  | -  | -1348  |   |   | Terms of Payment:  |   | ccount   |
| Supplier Registered with:  |  |  | PHILHEALTH  | Mo  | de of Procurement:   | Small Value   | Procurement  |
| Plea   | ase delive   | r to this c  | ffice within 30 C   | alendar days  | upon app   | proval of the f   | ollowing   |
| NO.  | QTY  | UNIT   | SERVI   | CE DETAILS  |  | UNIT<br>PRICE   | TOTAL<br>AMOUNT  |
|  | Condition of the condit |  | and approval of sample for UHC Notebook  PR #   | omplete delivery additonal (7) calendar d & Poster n additonal (7) calendar & Flyer Fan  LESS: EWT 2% GMP 5%  | 9,305.36<br>23,263.39  | of undelivered  | 521,100.00<br>32,568.75<br><b>488,531.25</b><br>order for each   |
| <ol> <li>If the dhave b</li> <li>Deliver at least (MWF)</li> <li>Defectiver</li> <li>Defectiver</li> <li>The cowhich is from an where their off</li> <li>In all c</li> </ol> | late of recipeen receivery of the all two (2) day. All item(ing receipt ive, incomposition for a deemed any person, such gift is fice or influtases, the   | eipt of the yed by a repove item( ays before s) shall be and Sales patible or a back-uparties und incorporat group or a s given in the arequest for a page of the arequest for a second incorporat group or a second incorporat second in the arequest for a request for a r | ed damages. Job Order (J.O.) by the dealer is not presentative either through fax or est shall be made within the prescribit the delivery. Use of elevator shall of delivered and accepted by the PSM Invoice shall be required for one-tin non-compliant of goods as to specific punit in case of repair. Lettake to comply with Office order Need into this Contract. No Philhealth association, or juridical entity, whether he course of official duties or which actions of directors or employees, or rextension should be submitted be er than the initial delivery period a | mail ed schedule dates. nly be from 09:00 to ID at 15th Floor, Rone complete delive cation when quote No. 0018-2015 entitipersonnel shall soler from the public of in connection with correcte the appear fore tha lapse of the stated in the original. | Supplier are advised to 11:30 a.m. and 1:30 com 1501 Citystate Ctry of the goods. d shall be rejected and titled (Reiteration of Phillicit, demand, or acceptor private sector, at any any transaction which ance of a conflict of intereoriginal delivery data title outract. | o inform Procur<br>to 3:00 p.m. du<br>r. Bldg., Pasig (<br>returned at the<br>health No Gift F<br>t, directly or ind<br>time, on or off t<br>may affect the<br>erest.<br>te. The maximu | rement Section ring Mon/Wed/Fri Dity.  Time of delivery.  Policy (Revision 1) irectly, any gift he work premises functions of mallowable |
| Certified B  | -<br>Budget Avai   | lable:   | Funds Available in the amount of:   | Php521,100.00   | APPROVED:  | SAC & Procuren  |  |
|  | Divisio  | NAVARRI<br>n Chief  20 19 0299010 1,000  | DZA LIUA/R. Fiscal/Controlle  | GARRIOD<br>er III   | Acting Se<br>HEA<br>or Activ   | AZONYC. JAIMI<br>WOY Manager,<br>OF THE AGENCY<br>Orized Representation   | PRID   |
|  |  |  | / ///.  | CONF  | ORME:  |   |  |

Received copy of J.O on

Print Name and Signature of Supplier/Representative