

**J O B O R D E R**  
 (Non-Inventoriable Items)

Supplier **CUSTOMIZED ITEMS CORPORATION** Job Order No.: **19-12-145**  
 Address #54 Harvard St., E. Rodriguez, Quezon City Date: **December 11, 2019**  
 Tel.Fax No. **8632-9059** Terms of Payment: **On Account**  
 Supplier Registered with: **PHILHEALTH** Mode of Procurement: **Small Value Procurement**

Please deliver to this office within (10) working days and an additional (7) calendar days for the presentation and approval of sample upon approval of the following

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1			1 Lot - (350) pcs. PROCUREMENT OF EVENT SHIRT (HOODIE)		
	200	pcs.	Kids	485.00	97,000.00
	130	pcs.	Adult (XS-XL)	595.00	77,350.00
	20	pcs.	Adult (2XL-3XL)	665.00	13,300.00
	1	lot	Philhealth Logo Programming Fee	1,000.00	1,000.00
	1	lot	These-Abled Children Logo Programming Fee	1,000.00	1,000.00
	350	pcs.	Philhealth Logo - Left Chest	75.00	26,250.00
	350	pcs.	These-Abled Logo - Right Chest	75.00	26,250.00
			Specifications: * Ivory colored, hoodie with secret pocket on both left & right side * zipped * fleece (material) * regular fit * embroidered logo of the event at the front * left chest embroidery (these abled children and Philhealth Friendship Games) H = 3.09" x W = 4.02"		
			LESS:		242,150.00
			EWT 2% 4,324.11		
			GMP 5% 10,810.27		15,134.38
					<b>227,015.62</b>
			PR # 19-0654 dtd. 11/12/19 BDRD		

**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 (MVF). 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.

Very truly yours,

*Joseph D. Vergara*  
**JOSEPH D. VERGARA**  
 Head, SBAC & Procurement

12-2171

Certified Budget Available	Funds Available in the amount of:	Php242,150.00	APPROVED:
<i>Evelyn O. Ravasta</i> <b>EVELYN O. RAVASTA</b> Fiscal Controller III	<i>Lilia R. Garrido</i> <b>LILIA R. GARRIDO</b> Fiscal Controller III		<i>Corazon C. Jaime</i> <b>CORAZON C. JAIME</b> Acting Senior Manager, PRID HEAD OF THE AGENCY or Authorized Representative
Within the COB: 2019	Expense Code: 5029901002	Budget: 242,150.00	REMARKS: 2019 12/12/19
Received copy of J.O on <u>12-16-19</u>			CONFORME: <i>Esmeralda P. de Leon</i> <b>ESMERALDA P. DE LEON</b> Print Name and Signature of Supplier Representative