REPUBLIC OF THE PHILIPPINES Philippine Hearth Insurance Corporation

National Capital Region

3rd flr. 68 VCP Kalayaan Bldg. #68 Kalayaan Ave., QC

Telefax: 441-2579

J.O No.: 19-08-002 NCR-P

JOB ORDER

Supplier:

BEST SHOT PRINTING

Address: 109 Kamias Road, Quezon City						Date:	Augu	st 6, 2019	
Tel.Fax No.: 924-2548						Term of Payment: Governme			
Supplier Registered with			Phi	Philgeps Mode of Proc			t: Small Value Procurement		
Please deliver to this office within 2 working days (upon approval of sample) from receipt hereof the following									
NO.	QTY	UNIT			Job Description		UNIT	TOTAL	
	(01.11					PRICE	AMOUNT	
1	3	pcs	Size: 13		DROP TARPAULIN ; Color: Full Color Wi	th Eyelet	3,500.00	10,500.00	
								10,500.00	
			Less:						
			EWT	2%:	187.50				
			FVAT	5%:	468.75			656.25	
				-			Vet Amount:	9,843.75	
			PR #:						
			19-0300-NCR-P da	ted July 10,	2019			108 05	
 The supplier shall strictly comply with the terms of reference or specifications prescribed by the Corporation. The Corporation shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each day of the delay as liquidated damages. Render your bills in triplicate copies including the original. If the date of receipt of the J.O. by the dealer is not indicated, it shall be deemed received on the 15th Working day from the date of the approval of the J.O. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier. Very truly yours, DIODE d. LANTORIA OIC, Management Services Division									
Cert	tified Bud	get Avail	able: Funds A	Available i	n the amount of: Php10	,500.00	APPRO		
	JOEL Po	SANTOS		WILLIE M. BUMACOD 8/1/4 OIC-Section Chief, Fund Management Services Vi			ice President - PRO NCR Authorized Representative)		
Within the COB: wig							1	Mal	
Expense		mr			Received copy of J.O on CONFORME:			WU	
Remark:					AWG-89, 2019		Print Name and Signature		
Comark		Ϋ́	8102 NON MON		1, 1, 21,		Name and Supplier/Repres	-	
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