

**JOB ORDER**  
(Non-Inventoriable Items)  
OFFICE/DEPARTMENT: PRO 1

Supplier: **EDWIN S. SISON**  
Address: **Lingayen, Pangasinan**  
Tel/Fax No.: **09478037086**  
Supplier Registered with: **231-484-099-000**

Work Order No.: **23 51**

Date: **26/09/2023**

Terms of Payment: **Charge**

Mode of Procurement: \_\_\_\_\_

Please deliver to this office within/on September 27-29, 2023 and October 4-6, 2023 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			Honorarium		10,411.09
			XXXXXXXXXXXXX XXXXXXXX Nothing Follows XXXXXXXX XXXXXXXX XXXXXXXX		
			PR No. 23-0906-0250 6020201001)	<b>TOTAL</b>	<b>10,411.09</b>
			PURPOSE: For the Conduct of Incident Command System (ICS) Executive Training Course with Disaster Risk Reduction & Management (DRRM) Application	<b>TOTAL - Net of Tax</b>	<b>10,411.09</b>

**Terms & Conditions:**

- The agency shall impose an amount equivalent to 1/100 or one (1%) percent of the total value of undelivered order for each day of delay as liquidated damages.
- If the date of receipt of the Job Order (J.O.) by the supplier is not indicated, it shall be deemed received on the date it was acknowledged 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. Suppliers are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall be from 9:00AM to 11:30AM and 1:30PM to 3:00PM during Mon/Wed/Fri (MWF).
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods to specification when quoted shall be rejected and returned at the time of delivery.
- In case of series of layout/design presented by the supplier does not satisfy the end-user, the Corporation has the right to cancel the Job Order (J.O.)
- Payment shall be made in full subject to corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

Very truly yours,

**CYNTHIA S. SANTOS,**  
Division Chief IV / MSD Chief

Certified Budget Available: _____	Funds Available in the amount of: <u>10,411.09</u>	APPROVED: _____
<b>JOSE A. MONES</b> Fiscal Controller III	<b>EDWARD Q. ESPIRITU</b> FC IV / FMS Chief	By: <u>[Signature]</u> <b>MARICAR M. ARZADON, M.L.</b> MO VII / Chief, SCMD OIC - OVP
With in the COB: <u>2023</u>	Expense Code: <u>5020201001/STDB8</u>	<b>DENNIS B. ADRE</b> Regional Vice President, PRO1
Budget: <u>P 10,411.09</u>	Remarks: <u>TRR 2</u>	
Received copy of J.O. on _____	Date: <u>9/27/23</u>	Conformed: <u>[Signature]</u> <b>PEPT EDWIN S. SISON</b> Signature over Printed Name of Supplier/ Representative

