

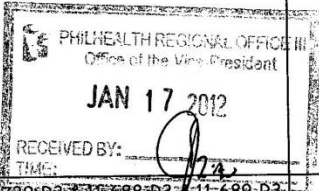
Republic of the Philippines
HEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE - III
Philhealth Bldg., Lazatin Blvd., San Agustin,
City of San Fernando, Pampanga
Tel. No. (045) 961-4175 loc. 4332 / Fax No. (045) 961-8943

JOB ORDER
(non-Inventoriable Items)

Supplier **NICO R/A SERVICES**
Address City of San Fernando, Pampanga
Tel. No.:

Work Order No: **12-002-JO**
Date: January 4, 2012
Term of Payment: 15 days
Mode of Procurement: Local Shopping

Supplier Registered with: _____ Office Order No. 0023., s. 2010
Please deliver to this Office within **7 days** from receipts of final proof

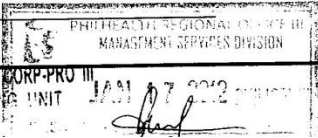
NO.	QTY.	UNIT	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	lot	Transfer of Aircon with Cleaning & Replacement of Pipeping	16,500.00	16,500.00
	1	lot	Repair of 3TR Aircon with Cleaning	10,200.00	10,200.00
	1	lot	50 uf Capacitor with Cleaning	2,500.00	2,500.00
			NOTHING FOLLOWS	TOTAL AMT.	29,200.00
					29,200.00
RIV # 11-739-R3 & 11-688-R3 & 11-689-R3					

Conditions:

- The Agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the 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 receipts of this Job Order (J.O.) by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
- Delivery shall be made only on MONDAYS to THURSDAYS not later than 3 PM except for emergency cases wherein prior notification in such cases shall be given by this office.

Very truly yours,

GRACE M. MAMAWAL
Chief, Management Services Division

Certified Budget Available:	Funds Available in the amount of: P 29,200.00	APPROVED
<p>LEONIDAS A. LUMBA Fiscal Controller III</p> <p>Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____</p>	<p>ANGELITA S. REYES Fiscal Controller IV</p>	<p>RODOLFO M. BALOG Vice-President for PhRO III</p>
<p>Received copy of J.O. on _____</p> <p></p>		<p>CONFORME</p> <p>NELSON SURBA Signature over Printed Name of Supplier / Representative</p>

PHILIPPINE HEALTH INSURANCE CORP-PRO III
FINANCE DIV-ACCOUNTING UNIT