

Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
**NATIONAL 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

FEB 07 2012

02/17/16 1A# 12-08-09-50

**JOB ORDER**

(non-Inventoriable Items)

Supplier: **E.C. SOLIMAN CONSTRUCTION AND TRADING**

Address: Angeles City, Pampanga

Tel. No.:

Work Order No: **12-013-JO**

Date: February 3, 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	Pre-coated Galvanize Steel Door (1 x 2.1) Labor and Materials ***NOTHING FOLLOWS***		9,500.00
			RIV # 11-222-R3	TOTAL AMT.	9,500.00

**Conditions:**

1. 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.
2. Render your bills in triplicate copies including the original.
3. 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.
4. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
5. 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 9,500.00	APPROVED
<p><b>LEONIDAS A. LUMBA</b> Fiscal Controller III</p> <p>Within the COB: Expense Code <u>REM - Bldg</u> Budget: Remarks:</p>	<p><b>ANGELITA S. REYES</b> Fiscal Controller IV</p>	<p><b>RODOLFO M. BALOG</b> Vice-President for PhRO III</p>

**CONFORME:**

Received copy of J.O. on \_\_\_\_\_

**JERVENIO R. RUGANC**  
Signature over Printed Name  
of Supplier / Representative

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