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2/2/12

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

PAID: 02/29/12

1:30 pm

02Kx

1/11/12 12-02-010-50

## JOB ORDER

(non-Inventoriable Items)

Supplier: **ELECTROBRAIN ENTERPRISES**

**Address:** Unit #6, 2931 Pilar St., Manuguit Subdivision, Tondo, Manila, Philippines

**Tel. No.:**

**Work Order No: 12-014-JO**

Date: February 3, 2012

**Term of Payment:** 15 days

**Mode of Procurement:** Sole distributorship

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	Repair of Master Queuing Display Board of Tarlac SO:		896.00
	1	pc	Service Charge IC		120.00
			***NOTHING FOLLOWS***	TOTAL AMT.	1,016.00
			RIM # 12-014-R3 M-YUAN		1,016.00

**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

<b>Certified Budget Available:</b>	<b>Funds Available in the amount of: P 1,016.00</b>	<b>APPROVED</b>
<div data-bbox="269 1457 609 1570"> <p><b><u>LEONIDAS A. LUMBA</u></b> Fiscal Controller III</p> </div> <div data-bbox="269 1570 609 1667"> <p>Within the COB: _____ Expense Code _____ Budget: _____ Remarks: _____</p> </div>	<div data-bbox="609 1457 998 1570"> <p><b><u>ANGELITA S. REYES</u></b> Fiscal Controller IV</p> </div>	<div data-bbox="998 1457 1359 1570"> <p><b><u>RODOLFO M. BALOG</u></b> Vice-President for PhRO III</p> </div>
<div data-bbox="269 1673 1359 1816"> <p><b>CONFORME:</b></p> <div data-bbox="269 1736 815 1778"> <p>Received copy of J.O. on _____</p> </div> <div data-bbox="1003 1715 1292 1799"> <p><i>Jeffrey Necapcaza</i> <b>JEFFREY NECAPCAZA</b> Signature over Printed Name of Supplier Representative</p> </div> </div>		

~~PHILIPPINE HEALTH ASSISTANCE CORP PRO IN  
FINANCE CIVILIAN SUPPORTING UNIT~~

of Suppliers  
FINANCE DIV-ACCOUNTING UNIT