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Republic of the Philippines

E HEALTH INSURANCE CORPORATION

NAL 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)

Work Order No: 12-023-JO

Date: March 14, 2012 Term of Payment: 15 days

Mode of Procurement: Local Shopping-

1122 15

Supplier: EMKEI AUTO CENTER

Address: Lazatin Blvd., Dolores, City of San Fernando, Pampanga

Tel. No.:

Supplier Registered with:

Office Order No. 0023., s. 2010

Please deliver to this Office within 7 days from receipts of final proof

	OTV T	LINUT	ITEM/DESCRIPTION UNIT PRICE	TOTAL AMOUNT
NO.	QTY. 7 1 1 1	- pc ltr set pc lot	Oil Filter Motor Oil Brake Shoe Fuel Filter Change Oil Tune-up Replace Brake Shoe Replace Fuel Filter ****NOTHING FOLLOWS*** TOTAL AMT.	220.00 1,155.00 1,450.00 380.00 200.00 300.00 200.00 200.00 4,105.00
			RIV # 12-078-R3	4,105.00

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

Chief, Management Services Divisib

Certified Budget Available:	Funds Available in the amount of: P 4,105.00	APPROVED
LEONIDAS A. LUMBA Administrative Officer IV Within the COB: Expense Code Budget: Bemarks:	ANGELITA S. REYES Fiscal Controller IV	RODOLFO M. BALOG Vice-President for PhRO III
Received copy of J.O. on		Signature over Printed Name of Supplier / Representative