

Republic of the Philippines
PHILIPPINE 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) 963 0299



JOB ORDER

(Non-Inventoriable Items)

Supplier: **CERTIFIED PEST CONTROL SERVICES (CERTICON)**
Address: Redwood St., Villa Del Sol, San Juan, City of Sn. Frnd., Pamp.
Tel./ Fax No.: (045) 961 2052 / (045) 861 2270
Supplier Registered with: PHILHEALTH

Work Order No.: **12-026-JO**
Date: **March 23, 2012**
Term of Payment: **15 Days**
Mode of Procurement: **Local Shopping**
Office Order No. **0023., s. 2010**

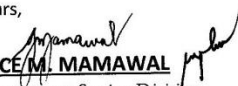
Please deliver to this Office within **7 Working Days** from receipts of final proof.



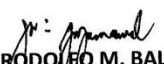

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	lot	General Pest Control, every 2 months May - December 2012 <div style="border: 1px solid black; padding: 5px; text-align: center;"> NOTHING FOLLOWS PHILHEALTH REGIONAL OFFICE III Office of the Vice President MAY 16 2012 RECEIVED BY:  TIME:  </div>	9,200 x 4	36,800.00
			RIT # 12-071-R3	TOTAL AMT.	PHP 36,800.00

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 P.M. 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: PHP 36,800.00	APPROVED
 LEONIDAS A. LUMBA Administrative Officer IV Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____	 ANGELITA S. REYES Fiscal Controller IV	 RODOLFO M. BALOG Vice-President for PRO III
CONFORME:  Received copy of J.O. on <u> </u> SIGNATURE over PRINTED NAME of Supplier / Representative		