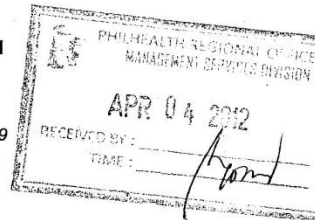


5/7

1AR # 12-05-004

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: **EMKEI AUTO CENTER**
Address: Lazatin Blvd., Dolores, City of San Fernando, Pampanga
Tel. No.:

Work Order No: 12-029-JO
Date: March 30, 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	pc	Oil Filter		380.00
	8	ltr	Motor Oil		1,320.00
	2	pc	Fuel Filter		1,050.00
	1	lot	Change Oil		200.00
			Tune-up		300.00
			NOTHING FOLLOWS		
			TOTAL AMT.		3,250.00
			RIV # 12-187-R3146		3,250.00

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 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 3,250.00	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 PhRO III
CONFORME: Received copy of J.O. on <u>5/7/12</u> Signature over Printed Name of Supplier / Representative: <u>Arnel Muñoz</u>		

PHILIPPINE HEALTH INSURANCE CORP-PRO III