

1/24

1KR4 - 12-04-004-50

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: **PENTAGRAPH AD. UNLTD**

Address: Olongapo City

Tel. No.:

Work Order No: **12-032-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	set	Dismantling and Relocation of PHIC Signage ***NOTHING FOLLOWS***		4,210.53
			RIV # 12-10-OC		4,210.53

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,

my 1/12
GRACE M. MAMAWAL
Chief, Management Services Division

Certified Budget Available:	Funds Available in the amount of: P 4,210.53	APPROVED
<p><i>[Signature]</i> LEONIDAS A. LUMBA Administrative Officer IV</p> <p>Within the COB: <u>2012</u> Expense Code: <u>Rsm. Leerschild</u> Budget: _____ Remarks: _____</p>	<p><i>44</i> ANGELITA S. REYES Fiscal Controller IV</p>	<p><i>4/12</i> RODOLFO M. BALOG Vice-President for PhRO III</p>
<p>Received copy of J.O. on _____</p> <p><i>Timoteo Avis</i> Timoteo Avis Signature over Printed Name of Supplier Representative</p>		

PHILIPPINE HEALTH INSURANCE CORPORATION III
Pampanga Office