

4/30  
12-04-006-JO

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

**J O B O R D E R**  
(Non-Inventoriable Items)

Supplier: **EMKEI AUTO CENTER**  
Address: Lazatin Blvd., Dolores, City of San Fernando, Pampanga  
Tel. No.: 045 963-4971

Work Order No: **12-034-JO**  
Date: April 18, 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 working days** from receipts of final proof.

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	pc	Oil Filter		320.00
	7	ltr	Motor Oil		1,155.00
	1	lot	Change Oil		200.00
			Tune-up		300.00
			Clean and adjust 4-wheel Brakes		400.00
			***NOTHING FOLLOWS***		
				TOTAL AMT.	2,375.00
			RIV # 12-126-R3		<b>2,375.00</b>

**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

<b>Certified Budget Available:</b>	<b>Funds Available in the amount of: P 2,375.00</b>	<b>APPROVED</b>
<p><b>LEONIDAS A. LUMBA</b> Administrative Officer IV</p> <p>Within the COB: <u>2012</u> Expense Code _____ Budget: _____ Remarks: _____</p>	<p><b>ANGELITA S. REYES</b> Fiscal Controller IV</p>	<p><b>RODOLFO M. BALOG</b> Vice-President for PhRO III</p>
<p>Received copy of J.O. on _____</p>		<p><b>CONFORME:</b></p> <p>_____ Signature over Printed Name of Supplier / Representative</p>