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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) 961-4775 loc. 1332 / Fax No. (045) 963-0290

JOB ORDER
(Non Inventoriable Items)

Supplier: **BLW SERVICE CENTER CO.**
Address: Lazatin Blvd., villa Victoria Road City of San Fernando, Pampanga
Tel. No.: 045 963-4605

Work Order No: 12-036-JO
Date: April 20, 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	Timing Belt		3,534.00
	1	pc	Balancer Belt		1,957.00
	1	pc	Tensioner Bearing		1,080.00
	1	pc	Balancer Bearing		980.00
	1	pc	Crank Oil Seal		304.00
	1	pc	Cam Oil Seal		290.00
	1	pc	Oil Pump Oil Seal		290.00
	1	pc	Balancer Oil Seal		290.00
			Gasoline		75.00
	1	lot	Replace Timing Belt		1,200.00
			NOTHING FOLLOWS		
			RIV # 12-165-R3	TOTAL AMT.	10,000.00

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,

GRACE M. MAMAWAL
Chief, Management Support Division

Certified Budget Available:	*Funds Available in the amount of:* P 10,000.00	APPROVED
LEONIDAS A. LUNA *Administrative Officer IV*	**ANGELITA R. REYES** *Fiscal Controller IV*	**RODOLFO M. BALOG** *Vice-President for Field Operations*
Within the ZOB:		
Expense Code:		
Budget:		
Remarks:		

Received copy of J.O. on _____

CONFORME:

_____
Signature over Printed Name of Supplier / Representative