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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 4175 loc. 4332 / Fax No. (045) 963 0299

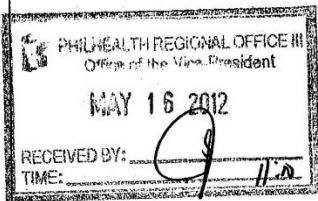
JOB ORDER

(Non-Inventoriable Items)

Supplier: **MAPECON**
Address: MAPECON Bldg., Kalahi Business Park, Brgy. San Isidro, CSFP
Tel./ Fax No.: (045) 861 0750 / (045) 455 3303
Supplier Registered with: **PHILHEALTH**

Work Order No.: **12-039-JO**
Date: **May 11, 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	Termite Interception and Baiting ---NOTHING FOLLOWS---	25,775.00	25,775.00
					
			RJV # 12-051-R3	TOTAL AMT.	PHP 25,775.00

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 25,775.00	APPROVED
LEONIDAS A. LUMIBA Administrative Officer IV Within the COB: <u>2012</u> Expense Code: <u>RSM-Bldg</u> Budget: Remarks:	ANGELITA S. REYES Fiscal Controller IV	RODOLFO M. BALOG Vice-President for PRO III
Received copy of J.O. on <u>PHILIPPINE HEALTH INSURANCE CORP-PRO III</u> <u>REGIONAL OFFICE - HEAT</u>		CONFORME:  SIGNATURE over PRINTED NAME of Supplier / Representative