

6/26

1/RR# 12-06-096

Republic of the Philippines  
**PHILHEALTH HEALTH INSURANCE CORPORATION**  
REGIONAL HEALTH INSURANCE OFFICE III  
PhilHealth Bldg., Lazatin Blvd., San Agustín,  
City of San Fernando, Pampanga  
Tel. No. (045) 961 4175 loc. 4332 / Fax No. (045) 963 0299

## JOB ORDER

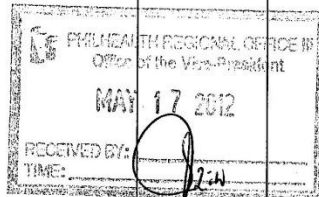
(Non-Inventoriable Items)

Supplier: **BLW SERVICE CENTER CO.**  
Address: Lazatin Blvd., Villa Victoria Road, City of San Frnd., Pamp.  
Tel./ Fax No.: (045) 963 4805  
Supplier Registered with: PHILHEALTH

Work Order No.: **12-040-JO**  
Date: May 14, 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	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
	✓ 1	pc	Oil Filter		490.00
	✓ 1	ltr	Motor Oil		1,170.00
	✓ 1	lot	Change Oil		100.00
			Tune-up		200.00
			Clean and Adjust 4-wheel Brakes		400.00
			—NOTHING FOLLOWS—		
			RJV # 12-172-R3	TOTAL AMT.	<b>PHP 12,360.00</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 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

<b>Certified Budget Available:</b>	<b>Funds Available in the amount of: PHP 12,360.00</b>	<b>APPROVED</b>
<b>LEONIDAS A. LUMBA</b> Administrative Officer IV Within the COB: Expense Code: _____ Budget: _____ Remarks: _____	<b>ANGELITA S. REYES</b> Fiscal Controller IV	<b>RODOLFO M. BALOG</b> Vice-President for PRO III
<b>CONFORME:</b> Received copy of J.O. on _____ _____ SIGNATURE over PRINTED NAME of Supplier / Representative		