

Republic of the Philippines  
**PHILHEALTH 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: **CARWORLD, INC.**  
Address: Jose Abad Santos Avenue, City of San Fernando, Pampanga  
Tel./ Fax No.: (045) 961 3421/ (045) 961 1510  
Supplier Registered with: **PHILHEALTH**

Work Order No.: **12-043-JO**  
Date: June 6, 2012  
Term of Payment: **COD**  
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	Alternator Assembly Parts and Labor ----NOTHING FOLLOWS----		27,636.29
			RV # 12-221-R3	TOTAL AMT.	PHP 27,636.29

### 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 27,636.29</b>	<b>APPROVED</b>
<p><b>LEONIDAS A. LUMBA</b> Administrative Officer IV</p> <p>Within the COB: Expense Code _____ Budget _____ Remarks: _____</p>	<p><b>ANGELITA S. REYES</b> Fiscal Controller IV</p>	<p><b>RODOLFO M. BALOG</b> Vice-President for PRO III</p>
<p><b>CONFORME:</b></p> <p>Received copy of J.O. on _____</p> <p><b>SIGNATURE over PRINTED NAME</b> of Supplier / Representative</p>		