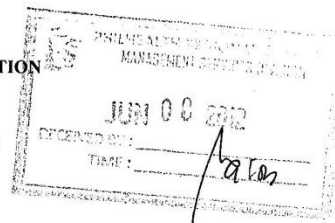


6/25

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: **O.B.P. GLASS ALUMINUM ENTERPRISE**
Address: Del Carmen, City of San Fernando, Pampanga
Tel./ Fax No.: 0919 805 7857
Supplier Registered with: **PHILHEALTH**

Work Order No.: **12-044-JO**
Date: June 6, 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	Glass Door Closer with Alignment, Labor ---NOTHING FOLLOWS---		1,500.00
			RIV # 12-135-R3	TOTAL AMT.	PHP 1,500.00

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 1,500.00	APPROVED
<p>LEONIDAS A. LUMBA Administrative Officer IV</p> <p>Within the COB: Expense Code _____ Budget: _____ Remarks: _____</p>	<p>ANGELITA S. REYES Fiscal Controller IV</p>	<p>RODOLFO M. BALOG Vice-President for PRO III</p>
<p>Received copy of J.O. on _____</p> <p>CONFORME:</p> <p>SIGNATURE over PRINTED NAME of Supplier / Representative</p>		