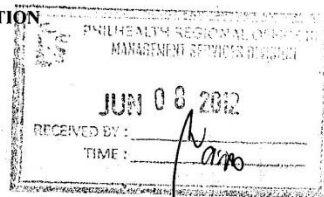


rec'd f. Mablos 6/19/12

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: **DJ & RJ JUNKSHOP**
Address: 452 Ma. Lourdes Subd., Tabang Plaridel, Bulacan
Tel./ Fax No.: 0919 423 2301/ 0922 516 6792
Supplier Registered with: **PHILHEALTH**

Work Order No.: **12-046-JO**

Date: **June 6, 2012**

Term of Payment: **15 Days**

Mode of Procurement: **Negotiated - Small Value**

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
	12	trip	Rental of Elf Truck for Hauling Aluminum Closed Isuzu Van Inclusive of Driver & Toll Free 6.5 x 6.5 x 14 ft -----NOTHING FOLLOWS-----		24,000.00
			R/V # 12-0061-R3B	TOTAL AMT.	PHP 24,000.00

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 24,000.00	APPROVED
<p>LEONIDAS A. LUMBA 6/7 Administrative Officer IV</p> <p>Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____</p>	<p>ANGELITAS. 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: <i>[Signature]</i> DANCE A. REYES SIGNATURE over PRINTED NAME of Supplier / Representative</p>

[Signature]

JUN 07 2012