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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: **ELECTROBRAIN ENTERPRISES**
 Address: Unit 6, 2931 Pilar St., Manuguit Subd., Tondo, Mla.
 Tel./ Fax No.: (02) 252 0509/ (02) 252 0493
 Supplier Registered with: **PHILHEALTH**

Work Order No.: **12-066-JO**
 Date: September 3, 2012
 Term of Payment: **COD**
 Mode of Procurement: **Sole Distributorship**
 Office Order No. **0023, s. 2010**

Please deliver to this Office within **7 Working Days** from receipts of final proof.



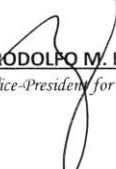
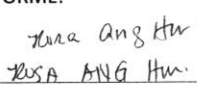
NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	lot	Repair of Automizer Queuing System of San Fernando LHIO ---NOTHING FOLLOWS---		2,501.00
RFV#: 12-360-R3				TOTAL AMT.	PHP 2,501.00

Conditions:

1. 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.
2. Render your bills in triplicate copies including the original.
3. 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.
4. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
5. 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
GRACE M. MAMAWAL
 Chief, Management Services Division

Certified Budget Available: <div style="text-align: center;">  LEONIDAS A. LUMBA Administrative Officer IV </div> Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____	Funds Available in the amount of: PHP 2,501.00 <div style="text-align: center;">  ANGELITAS. REYES Fiscal Controller IV </div>	APPROVED <div style="text-align: center;">  RODOLFO M. BALOG Vice-President for PRO III </div>
CONFORME: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  ROSA ANG HU SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE </div> <div style="text-align: center;"> 9/19/12 DATE RECEIVED COPY OF J.O. PHILIPPINE HEALTH INSURANCE CORP. PRO III FINANCE DIV-ACCOUNTING UNIT </div> </div>		

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SEP 03 2012

Received by: 
 Time: 