

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: **BLW SERVICE CENTER CO.**  
 Address: Lazatin Blvd., Villa Victoria Rd., CSFP  
 Tel./ Fax No.: (045) 963 4805  
 Supplier Registered with: PHILHEALTH

Work Order No.: **12-070-JO**  
 Date: September 11, 2012  
 Term of Payment: 15 Days  
 Mode of Procurement: 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
	1	pc	Oil Filter	350.00	350.00
	1	pc	Air Filter	480.00	480.00
	6	ltr	Motor Oil	175.00	1,050.00
	1	pc	Fuel Filter	390.00	390.00
	1	pc	Brake Fluid	95.00	95.00
	1	lot	Change Oil	100.00	100.00
			Tune-up	200.00	200.00
			Change Fuel Filter	150.00	150.00
			---NOTHING FOLLOWS---		2,815.00
			RFV#: 12-0088-R3B	TOTAL AMT.	<b>PHP 2,815.00</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*  
**GRACE M. MAMAWAL**  
 Chief, Management Services Division

<b>Certified Budget Available:</b>  <div style="text-align: center;"> <i>9/14</i>  <b>LEONIDAS A. LUMBA</b>                  Administrative Officer IV             </div> Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____	<b>Funds Available in the amount of: PHP 2,815.00</b>  <div style="text-align: center;"> <i>ay</i>  <b>ANGELITAS. REYES</b>                  Fiscal Controller IV             </div>	<b>APPROVED</b>  <div style="text-align: center;"> <i>for: Mamawal 9/19</i>  <b>RODOLFO M. BALOG</b>                  Vice-President for PRO III             </div>
<b>CONFORME:</b> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <i>[Signature]</i>                  SIGNATURE OVER PRINTED NAME                  OF SUPPLIER/ REPRESENTATIVE             </div> <div style="text-align: center;"> <i>09/13/2012</i>                  DATE RECEIVED COPY OF J.O.                  PHILIPPINE HEALTH INSURANCE CORP-PRO III                  FINANCE DIV-ACCOUNTING UNIT             </div> </div>		

SEP 13 2012

Received by *[Signature]*  
 Time \_\_\_\_\_