

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

**J O B O R D E R**

(Non-Inventoriable Items)

Supplier: **DBL AIRCON & REF. CENTER**  
 Address: Camacho St., Bagumbayan, Balanga City, Bataan  
 Tel./ Fax No.: (047) 791 6099/ 237 1971  
 Supplier Registered with: PHILHEALTH

Work Order No.: **12-071-JO**  
 Date: September 24, 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
			Aircon Cleaning		
	3	unit	Window Type A/C 2.5 HP	400.00	1,200.00
	1	unit	Package Type 3TR	750.00	750.00
	1	unit	Ceiling Mounted 3TR	750.00	750.00
	1	unit	Wall Mounted - Split Type 2.5 HP	750.00	750.00
			-----NOTHING FOLLOWS----- (For Bataan LHIO use)		3,450.00
			RJ/V#: BSO-023-12	TOTAL AMT.	<b>PHP 3,450.00</b>

**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. Mawaw*  
**GRACE M. MAMAWAL**  
 Chief, Management Services Division

<b>Certified Budget Available:</b>  <b>LEONIDAS A. LUMBA</b> <i>Administrative Officer IV</i> 9/28	<b>Funds Available in the amount of: PHP 3,450.00</b>  <b>ANGELITA S. REYES</b> <i>Fiscal Controller IV</i>	<b>APPROVED</b>  <b>RODOLFO M. BALOG</b> <i>Vice-President for PRO III</i>
Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____		
<b>CONFORME:</b> <i>Leandro R. Medina Jr.</i> <b>SIGNATURE OVER PRINTED NAME</b> <b>OF SUPPLIER/REPRESENTATIVE</b>		
DATE RECEIVED COPY OF J.O. <u>10-26-12</u> PHILIPPINE HEALTH INSURANCE CORP-PRO III FINANCE DIV-ACCOUNTING UNIT		

SEP 26 2012

Received by: M. J. J.  
 Time: \_\_\_\_\_