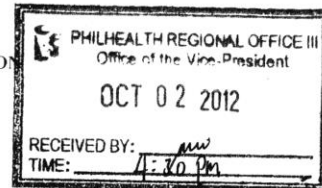


12-10-0051

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: **AUTOCHECK PARTS & SERVICE**
Address: Lazatin Blvd., Villa Victoria, City of Sn. Frnd., Pampanga
Tel./ Fax No.: (045) 961 6145
Supplier Registered with: PHILHEALTH

Work Order No.: **12-072-JO**
Date: September 28, 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	lot	Replacement of Front Stabilizer Bar and Link Bushing -----NOTHING FOLLOWS----- (For SHH-590 Mitsubishi Adventure use)	1,200.00	1,200.00
			RJV#: 12-384-R3	TOTAL AMT.	PHP 1,200.00

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
Chief, Management Services Division

Certified Budget Available:	Funds Available in the amount of: PHP 1,200.00	APPROVED
 LEONIDAS A. LUMBA Administrative Officer IV	 ANGELITA S. REYES Fiscal Controller IV	 RODOLFO M. BALOG Vice-President for PRO III
Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____		
CONFORME: SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		
DATE RECEIVED COPY OF JO: 10-11-12 PHILIPPINE HEALTH INSURANCE CORPORATION FINANCE AND ACCOUNTING UNIT		

OCT 01 2012

Received by:
TIME: _____