

12-D-0791

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)

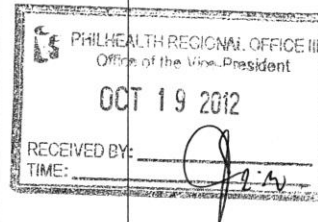


Supplier: **ECDA CONSTRUCTION**  
 Address: San Miguel, Betis, Guagua, Pampanga  
 Tel./ Fax No.: (045) 900 0657  
 Supplier Registered with: PHILHEALTH

Work Order No.: **12-074-JO**  
 Date: **October 5, 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	Installation of Complete Water Supply System with Tank -----NOTHING FOLLOWS----- (For PRO III Records Center at Maimpis, City of San Fernando, Pampanga)	59,000.00	59,000.00
			RJV#: 12-201-R3	TOTAL AMT.	PHP 59,000.00



**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,

*[Signature]*  
**GRACE M. MAMAWAL**  
 Chief, Management Services Division

<b>Certified Budget Available:</b>	<b>Funds Available in the amount of: PHP 59,000.00</b>	<b>APPROVED</b>
<i>[Signature]</i> <b>LEONIDAS A. LUMBA</b> Administrative Officer IV Within the COB: <u>2012 LARFX</u> Expense Code _____ Budget: _____ Remarks: _____	<i>[Signature]</i> <b>ANGELITA S. REYES</b> Fiscal Controller IV	<i>[Signature]</i> <b>RODOLFO M. BALOG</b> Vice-President for PRO III
<b>CONFORME:</b> <i>[Signature]</i> <b>CARLOS D. AGUIAR</b> SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE PHILHEALTH REGIONAL OFFICE III ACCOUNTING UNIT		
DATE RECEIVED COPY OF J.O.: <u>10/05/12</u> FINANCE DIV-ACCOUNTING UNIT		

OCT 18 2012

OCT 08 2012

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

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