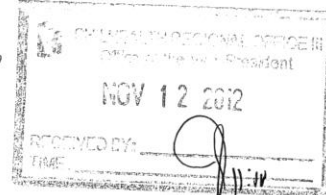


Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE III
 PhilHealth Bldg., Lazatin Blvd., San Agustin,
 City of San Fernando, Pampanga
 Tel. No. (045) 961 4175 loc. 4332 / Fax No. (045) 963 0299

J O B O R D E R
 (Non-Inventoriable Items)



Supplier: **EMKEI AUTO CENTER**
 Address: Lazatin Blvd., Dolores, City of Sn. Frnd, Pamp.
 Tel./ Fax No.: (045) 963 4971
 Supplier Registered with: **PHILHEALTH**

Work Order No.: **12-082-JO**
 Date: November 8, 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	Aircon Belt with Teeth	}	850.00
	1	pc	Alternator with Teeth		
	1	pc	Power Steering Belt		
	1	lot	Replace 3 Belts		500.00
			-----NOTHING FOLLOWS----- (For SFK-408 Nissan Frontier use)		1,350.00
			RJV#: 12-418-R3	TOTAL AMT.	PHP 1,350.00

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
 Chief, Management Services Division

Certified Budget Available:	Funds Available in the amount of: PHP 1,350.00	APPROVED
LEONIDAS A. LUMBA AO IV/Budget Officer Designate Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____	ANGELITA S. REYES Fiscal Controller IV	ARSENIA B. TORRES OIC, Vice-President for PRO III/ Concurrent Branch Manager
CONFORME: ADOR MINOZ SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		
DATE RECEIVED COPY OF J.O. 11/15/12 PHILIPPINE HEALTH INSURANCE CORP-PRO III FINANCE DIV-ACCOUNTING UNIT		

NOV 08 2012

Received by: **[Signature]**
 Time: _____