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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 San Fernando, Pampanga  
 Tel./ Fax No.: (045) 963 4971  
 Supplier Registered with: PHILHEALTH

Work Order No.: **12-086-JO**  
 Date: November 13, 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	Air Cleaner	450.00	450.00
	2	pc	Lower Ball Joint	1,100.00	2,200.00
	1	set	Brake Pad	1,100.00	1,100.00
	1	lot	Replace of Brake Pad	500.00	500.00
	1	lot	Replace Lower Ball Joint	1,000.00	1,000.00
			Front Left and Right Side		5,250.00
			---NOTHING FOLLOWS--- (For SFK-408 Nissan Frontier use)		
				RJ/V#: 12-444-R3	
				TOTAL AMT.	<b>PHP 5,250.00</b>

PHILHEALTH REGIONAL OFFICE III  
 Office of the Vice-President  
 NOV 21 2012  
 RECEIVED BY:   
 TIME:

**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

<b>Certified Budget Available:</b>	<b>Funds Available in the amount of: PHP 5,250.00</b>	<b>APPROVED</b>
<p align="center">  <b>LEONIDAS A. LUMBA</b>          AO IV/ Budget Officer Designate</p> <p>Within the COB: <u>2012</u>          Expense Code: <u>REM</u>          Budget: _____          Remarks: _____</p>	<p align="center">  <b>ANGELITA S. REYES</b>          Fiscal Controller IV</p>	<p align="center">  <b>ARSENIA B. TORRES</b>          OIC, Vice-President for PRO III/          Concurrent Branch Manager</p>
<p><b>CONFORME:</b></p> <p align="center">  <b>ADOR MUNOZ</b>          SIGNATURE OVER-PRINTED NAME          OF SUPPLIER/ REPRESENTATIVE</p>		<p align="center">PHILIPPINE HEALTH INSURANCE CORP-PRO III          11-241000 INV-ACCOUNTING UNIT          DATE RECEIVED COPY OF J.O.          NOV 15 2012</p>

Received by:   
 Time: \_\_\_\_\_