

OR 12-11-0454

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: **SUBIK AIR & GENERAL SERVICES**
Address: **88 Jones St., New Kalalake, Olongapo City**
Tel./ Fax No.: **(047) 223 2209**
Supplier Registered with: **PHILHEALTH**

Work Order No.: **12-087-JO**
Date: **November 19, 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	Supply of Selector Switch for CW-SC181EPH	900.00	900.00
	1	pc	Supply of 35uf Capacitor	780.00	780.00
	1	lot	Installation, Labor and Materials	250.00	250.00
			-----NOTHING FOLLOWS----- (For Olongapo LHIO use)		1,930.00
			RIV#: 12-40-OC	TOTAL AMT.	PHP 1,930.00

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 1,930.00	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: PRECY V. SANTOS SIGNATURE OVER-PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		
12-04-13 PHILIPPINE HEALTH INSURANCE CORPORATION OFFICE OF THE ACCOUNTING UNIT DATE RECEIVED COPY OF J.O.		

Received by
Date