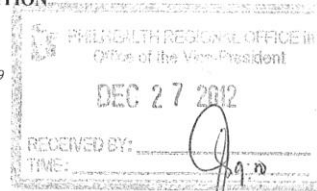


Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
**REGIONAL HEALTH INSURANCE OFFICE III**  
 PhilHealth Bldg., Lazatin Blvd., San Agustin,  
 City of San Fernando, Pampanga  
 Tel. No. (045) 961 4175 loc. 4332 / Fax No. (045) 963 0299

**J O B O R D E R**

(Non-Inventoriable Items)



Supplier: **BLW SERVICE CENTER CO.**  
 Address: Lazatin Blvd., Villa Victoria Rd., CSFP  
 Tel./ Fax No.: (045) 963 4805  
 Supplier Registered with: PHILHEALTH

Work Order No.: **12-093-JO**  
 Date: **December 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	Oil Filter		280.00
	1	pc	Fuel Filter		480.00
	7	ltr	Motor Oil		1,225.00
	1	lot	Change Oil		100.00
			Tune up		200.00
			----NOTHING FOLLOWS---- (For SHV-122 Toyota Innova use)		2,285.00
			RV#: 12-502-R3	TOTAL AMT.	<b>PHP 2,285.00</b>

**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 2,285.00</b>	<b>APPROVED</b>
<p><b>LEONIDAS A. LUMBA</b>  <i>AO IV/ Budget Officer Designate</i></p> <p>Within the COB: _____                  Expense Code: _____                  Budget: _____                  Remarks: _____</p>	<p><b>ANGELITA S. REYES</b>  <i>Fiscal Controller IV</i></p>	<p><b>ARSENIA B. TORRES</b>  <i>OIC, Vice-President for PRO III/                  Concurrent Branch Manager</i></p>
<p><b>CONFORME:</b></p> <p><i>[Signature]</i>                  SIGNATURE OVER PRINTED NAME                  OF SUPPLIER/ REPRESENTATIVE</p> <p><i>[Signature]</i>                  DATE RECEIVED: <u>12-20-12</u>                  COPY OF JO                  PHILIPPINE HEALTH INSURANCE CORPORATION                  FINANCE DIV-ACCOUNTING</p>		

DEC 20 2012

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