

Republic of the Philippines
Philippine Health Insurance Corporation
PHILHEALTH REGIONAL OFFICE - CORDILLERA ADMINISTRATIVE REGION
 Management Services Division
 4/F SSS Bldg., Harrison Road, Baguio City
 Tel. # (074) 444-9862 / 444-8361 / 446-0371

JOB ORDER

Supplier: Autoshack
 Address: #13 Fergusson Rd., Baguio City
 Tel./Fax No.: 443-5603/ 446-5411
 Supplier Registered with: _____

J.O. No.: J-12-045
 Date: 28-Aug-12
 Term/s of Payment: on account
 Mode of Procurement: Neg. Proc.(SMP)

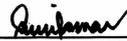
Please deliver to this office within 20 days from receipt hereof the following:

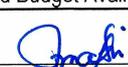
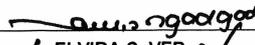
| NO. | QTY | UNIT | ITEM | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|--|------------|------------------|
| | | | Repair of Motor Vehicle, Nissan Frontier | | 21,970.00 |
| | | | Replacement of Spindle Assembly, includes Rotor Disk, Caliper, Spindle. (Parts provided) | | |
| | | | Total | | 21,970.00 |
| | | | Less: 5% Final Tax | 980.80 | |
| | | | 2% EWT | 392.32 | 1,373.12 |
| | | | Net of Tax | | 20,596.88 |

Terms & Conditions:

1. The agency shall impose penalty in an amount equivalent to 1/10 of 1% of the total value of undelivered order for each day of the delay as liquidated damages.
2. If the date of receipt of the Purchase Order/P.O. by the dealer is not indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative either through fax or e-mail.
3. Delivery Receipt and Sales Invoice shall be required for the one-time complete delivery of the goods.
4. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
5. Payment shall be made in full subject to corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

Very truly yours,


IMELDA CRISTETA D. VILLAMAR
 Division Chief, MSD

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|---|--|----------------------|--|
| Certified Budget Available | Funds Available in the amount of: | PHP 21,970.00 | APPROVED: |
|  LILIBETH M. PALACI Fiscal Controller I/ Budget Officer - Des. |  MARIA LINDA H. GADINGAN Fiscal Controller III | |  ELVIRA C. VER Regional Vice President |
| Within the COB: | Expense Code: <u>847-a</u> | | |
| Budget: | | | |
| Remarks: AUTOSHACK | | | |

| | |
|--|---|
| TEL: (074)446-5411 • (074)443-5803 | CONFORME: |
| Received Copy of J.O. on  | _____ |
| | Print Name and Signature of Supplier/Representative |