

**PHILHEALTH REGIONAL OFFICE -CAR**

4/F SSS Bldg., Harrison Road, Baguio City  
Tel. # (074) 444-9862 / 444-8361 / 446-0371

**JOB ORDER**

Supplier: <u>Isuzu Commonwealth</u>	J.O. No.: <u>J-12-047</u>
Address: <u>Villanueva Drive Corner Don Mariano Marcos Ave.</u>	Date: <u>Aug. 29, 2012</u>
Tel./Fax No.: <u>453-2877/ 453-1230</u>	Term/s of Payment: <u>On account</u>
Supplier Registered with: _____	Mode of Procurement: <u>Direct Contracting</u>

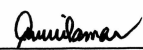
Please deliver to this office within 10 days from receipt hereof the following:

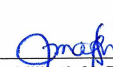


NO.	QTY	UNIT	Description	UNIT PRICE	TOTAL AMOUNT
	1	lot	Repair of Isuzu Fuego(Fuel gauge)		5,780.00
			**Isuzu Fuego SGK 310**		
<b>Total</b>					<b>5,780.00</b>
			Less: 5% Final Tax	258.04	
			2% EWT	103.21	361.25
			<b>Net of Tax</b>	<b>361.25</b>	<b>5,418.75</b>

**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

Certified Budget Available	Funds Available in the amount of:	PhP <b>5,780.00</b>	APPROVED:
 <b>Lilibeth M. Palaci</b> Fiscal Controller I	 <b>Maria Linda H. Gadingan</b> Fiscal Controller III		 <b>ELVIRA C. VER</b> 8/30 Regional Vice President, PRO-CAR
Within the COB: _____ Expense Code: <u>847-00</u> Budget: _____ Remarks: _____			

Received Copy of J.O. on <u>12-01-2012</u>	CONFORME: _____ Print Name and Signature of Supplier/Representative
--	--