

REPUBLIC OF THE PHILIPPINES
PhilHealth Insurance Corporation
709 CityState Center Bldg.
Shaw Blvd. Brgy. Oranbo, Pasig City
TeleFax: 637-3158

PRID-PS-08

JOB ORDER
(Non-Inventoriable Items)

Supplier **LOVE ELECTRONICS SERVICE CENTER**
Address **#176 A. bonifacio Ave., Taniong, Marikina City**
Tel.Fax No. **799-6096 / 400-3342**
Supplier Registered with: **PHILHEALTH**

Work Order No. **13-04-007**
Date: **April 19, 2013**
Term of Payment: **C.O.D.**
Mode of Procurement: **Local Shopping**

Office Order No. 0161, s. 2012

Please deliver to this office within **C.O.D.** upon approval of the following

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	1	lot	REPAIR OF DVD PLAYER: LENS CALIBRATION Model: Samsung DVD-6500 SN: 6RGY500068Y Note: Three (3) months warranty on parts and labor	800.00	800.00
			LESS: GMP 5% 35.71		800.00 35.71 764.29
			RIV # 13-0189 dtd. 03/27/13 PRID-PRSM - Emily D. Briones	04 - 293	

Terms & Conditions:

- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Job Order (J.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or e-mail
- Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the Procurement Section at 15th Floor, Room 1503 Citystate Ctr. Bldg. Pasig City
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.

Very truly yours,

CRISTINA G. MONSALUD

AO III-016, Procurement Section

Certified Budget Available: <u>Comfalon</u>	Funds Available in the amount of: Php800.00	APPROVED:
CORAZON M. TABULAO Fiscal Controller III	LILIA G. GARRIDO Fiscal Controller III	CHERIE CARMEN B. DIVINA Division Chief, PRSMD HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>FY 2013</u> Expense Code: <u>212-10 / 1470: GASS</u> Budget: <u>P 800.00 / PPA: PPA</u> Remarks: <u>Per PRM 1915 s. 2013 / JH</u>		
CONFORME: <u>LEEN ROSE L. FUSTO</u> Signature over Printed Name and Position of authorized representative		Received copy of J.O.: <u>4-30-13</u> Date