

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE-CORDILLERA ADMINISTRATIVE REGION

POMM-P-007

JOB ORDER
(Non-Inventoriable Items)

Supplier: C3 AUTO ACCESSORIES	Work Order No.: J-13-082
Address: 404 Fede Bldg., Magsaysay Ave., Baguio City	Date: Dec. 13, 2013
Tel.Fax No.: 9175062021	Term of Payment: On Account
Supplier Registered with: _____	Mode of Procurement: Small Value

Please deliver to this office within 7 days upon approval of final sample.

Note: Additional _____ working days to submit for approval of text /sample.

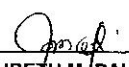
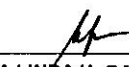

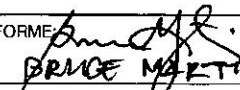
NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	1	pc	Repair/Replacement/Installation of Car Stereo for Isuzu Fuego		4,900.00
			Total		4,900.00
			Less: 5% Final Tax	218.75	
			2% EWT	87.50	306.25
			Net of Tax		4,593.75

Terms & Conditions:

1. The agency shall impose penalty in an amount to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
2. 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 acknowledged to have been received by a representative either through fax or e-mail.
3. Delivery of the above item/s shall be made within the prescribed schedules dates. Suppliers are advised inform Procurement Section at least two (2) days before the delivery. Use of elevator shall be from 9:00 AM to and 1:30 PM to 3:00 PM 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.
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of goods.
5. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
6. In case the series of layout/design presented by the supplier does not satisfy the end -user, the Corporation has right to cancel the Job Order (JO).
7. 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

<p>Certified Budget Available: _____</p> <p> LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.</p>	<p>Funds Available in the amount of: PI 4,900.00</p> <p> MARIA LINDA H. GADINGAN Fiscal Controller III</p>	<p>APPROVED:</p> <p> ATTY. JERRY F. IBAY Regional Vice President</p>
<p>With in the COB: <u>2013</u></p> <p>Expense Code: <u>647-0</u></p> <p>Bdget: _____</p> <p>Remarks: _____</p>	<p>Received copy of J.O. on <u>12/18/13</u> Date</p> <p style="text-align: right;">CONFORME  PRINCE MARTIN Signature over Printed Name of Supplier/ Representative</p>	