Republic of the Phi;lippines PHILIPPINE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE-CORDILLERA ADMINISTRATIVE REGION

POMM-P-007

mentions

Signature over Printed Nameof Supplier

CONFORME: Thinking MILINDA M. CABREROS

JOB ORDER

(Non-Inventoriable Items)

Supplier: Address: Tel.Fax No.:			CORP LABORATORIES, INC. Work Order No.: ound Fir. SM City, Baguio Date:		J-13-064 11-Oct-13	
		442-2027 Term of Payment:		on account		
Supplie	_	tered with	<u></u>	i. Silia		
			ne following procedures within <u>9 days</u> .			
Note: A	\dditional_	working	g days to submit for approval of text /sample.			
NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT	
		0.00	Annual Health Examination & Laboratory Work-Up of PRO-CAR Sta		5 350 00	
1	105	pax	Urinalysis	50.00	5,250.00	
2	104	pax	Chest X-Ray	200.00	20,800.00	
3	105	pax	Complete Blood Count	150.00	15,750.00	
4	86	рах	12L ECG	200.00	17,200.00	
5	77	pax	Fasting Blood Sugar	100.00	7,700.00	
6	60	pax	Potassium	150.00	9,000.00	
7	60	рах	Creatinine	100.00	6,000.00	
8	60	pax	Calcium	100.00	6,000.00	
9	86	pax	Lipid Profile	650.00	55,900.00	
10	39	рах	24-Hour Urine	250.00	9,750.00	
11	47	рах	Uric Acid	100.00	4,700.00	
12	6	рах	HbA1C	300.00	1,800.00	
13	2	рах	FOBT	100.00	200.00	
			Total		160,050.00	
			Less: 5% Final Tax 7,145.09 2% EWT 2,858.04		10,003.13	
			2% EWT 2,858.04			
		90 Mar. (10 Mar.)	Net of Tax		150,046.87	
day of the 2. If the acknowl 3. Delive Procure PM durin Room 1 4. Delive 5.Defectime of 6. In cascancel t 7. Paym	ne detay as date of received good to he ery of the ament Secting Mon/W 503 Citystery Receiptive, incompletivery, see the serie he Job Ordent shall be	s liquidated of beipt of the Jonave been to above item/s io at least to ed/Fri(MWF ate ctr.Bldg. It and Sales apatible or no es of layout/ der (JO). be made in formate in format	lob Order (J.O.) by the dealer is not indicated, it shall be deemed received on the do have been received by a representative either through fax or e-mail. Is shall be made within the prescribed schedules dates. Suppliers are advised inform two (2) days before the delivery. Use of elevator shall be from 9:00 AM to and 1:30 for the individual of the procurement section at 15th Fix Pasig City. Invoice shall be required for one-time complete delivery of goods, con-compliant of goods as to specification when qouted shall be rejected and returned design presented by the supplier does not satisfy the end -user, the Corporation has util subject to corresponding government taxes within fifteen (15) working days upound Inspection Report. Very truly you	lay it was n PM to 3:00 oor, ed at the as right to n receipt Lirs, ELDA CRISTETA D. VI Division Chief, MS		
Certified	Budget Ava	ilable:	Funds Available in the amount of: Phy 160,050.00 APPROVED:	g - 20 (20) - -		
	Jm;	A	~ 9Hin			
LIL	BETH M.	PALACI	MIRASOL E. ADRIAS	_1,		
Fi	scal Exam	iner A/	Fiscal Controller IV	প্রা		
	dget Office			/ 	1	
With in th	ne COB;	2017		ATTY, JERRY F. IB	9/06/11/06	
Expense	Code:	95.0	4	Regional Vice Presid	i ent	
Bdget:		<u> </u>				

Remarks:

Received copy of J.O. on 11-0d-13

Date