

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
 709 CityState Center Bldg.
 Shaw Blvd. Brgy. Oranbo, Pasig City
 TeleFax: 637-4735

PRID-PS-08

J O B O R D E R
 (Non-Inventoriable Items)

Supplier TOYOTA MAKATI, INC.
 Address Ayala corner Metropolitan Avenues, Makati City
 Tel.Fax No. 897-3333
 Supplier Registered with: PHILHEALTH

Work Order No. 14-02-006
 Date: February 11, 2014
 Term of Payment: On Account
 Mode of Procurement: Direct Contracting

Please deliver to this office within **10 working days** upon approval of the following

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
			ONE (1) LOT CHANGE OIL/CHECK-UP 5,000 AND 10,000 KM		
			OF FOUR (4) UNITS TOYOTA INNOVA		
1	1	UNIT	TOYOTA INNOVA W/ PLATE NO. SLD-667	5,799.90	5,799.90
2	1	UNIT	TOYOTA INNOVA W/ PLATE NO. SKS-329	3,672.00	3,672.00
3	1	UNIT	TOYOTA INNOVA W/ PLATE NO. SLD-687	5,643.10	5,643.10
4	1	UNIT	TOYOTA INNOVA W/ PLATE NO. SLD-689	3,672.00	3,672.00
					18,787.00
					LESS:
					EWT 2% 335.48
					GMP 5% 838.71
					1,174.19
					17,612.81
RIV # 14-0025 dtd. 01/22/14 PRID-GSBMD - Emily D. Briones					

02-178

Terms & Conditions:

1. All buses/coaster to be used shall be provided by the supplier/contractor and it shall be the supplier's responsibility to maintain such buses/coaster in good, safe, working order and in compliance with all laws and regulations applicable thereto.
2. All drivers must be appropriately licensed, competent, responsible individuals and shall be employees of the supplier. In the event of default, supplier shall be liable for any expense including but not limited to damages, attorney's fees and court cost.
3. Operate the service in accordance with the approved timetable;
4. Convey all participants who at the appropriate time are present at such place or places as specified in this Job Order;
5. The supplier should not sub-contract the whole or any part the service without prior written consent from the Corporation
6. 3 Months warranty on labor

Very truly yours,

[Signature]
 ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php18,787.00
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III	<i>[Signature]</i> LILIA R. GARRIDO Fiscal Controller III	2/12/14
Within the COB: <i>[Signature]</i> Expense Code: <i>[Signature]</i> Budget: <i>[Signature]</i> Remarks: <i>[Signature]</i>		APPROVED: <i>[Signature]</i> LEILA S. TUAZON OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative		Received copy of J.O.: 2/25/14 Date