

REPUBLIC OF THE PHILIPPINES  
**Philippine Health Insurance Corporation**  
 709 CityState Center Bldg.  
 Shaw Blvd. Brgy. Oranbo, Pasig City  
 TeleFax: 637-3158 637-4735

PRID-PS-08

**JOB ORDER**  
 (Non-Inventoriable Items)

Supplier **CITIWORLD BUSINESS MACHINES SERVICES CORP.**  
 Address **Lower G/F David 2 Bldg. 1 567 Shaw Blvd. Mandaluyong City**  
 Tel.Fax No. **724-5823 723-4894**  
 Supplier Registered with: **PHILHEALTH**

Work Order No. **14-02-007**  
 Date: **February 17, 2014**  
 Term of Payment: **C.O.D**  
 Mode of Procurement: **Small Value Procurement**

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 CANON PRINTER LBP-5970	1,344.00	1,344.00
					1,344.00
			LESS:		
			EWT 2% 24.00		84.00
			GMP 5% 60.00		1,260.00
			RIV #		
			14-0018 dtd. 01/21/14 ITMD - Janina G. Fondevilla		
			<b>02-197</b>		

**Terms & Conditions:**

- 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.
- 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.
- Operate the service in accordance with the approved timetable;
- Convey all participants who at the appropriate time are present at such place or places as specified in this Job Order;
- The supplier should not sub-contract the whole or any part the service without prior written consent from the Corporation
- 3 Months warranty on labor

Very truly yours,

**ELY E. ROXAS**

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php1,344.00	APPROVED:
<b>CORAZON M. TABULAO</b> Fiscal Controller III	<b>LILIA R. GARRIDO</b> Fiscal Controller III		<b>LEILA S. TUAZON</b> OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <b>DBL. AUTO. FY 2014</b> Expense Code: <b>842.20 / MPO: GRS</b> Budget: <b># 1,344 / PPA: ITMD</b> Remarks: <b>per PPA 185, 5 2013</b>			
<b>CONFORME:</b> <b>ARIEL R. JEMINA</b> Signature over Printed Name and Position of authorized representative		Received copy of J.O.: <b>2-25-2014</b> Date	