

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

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

Supplier **LOVE ELECTRONICS SERVICE CENTER**  
 Address Unit M. Facilities Centre, 548 Shaw Blvd. Mandaluyong City  
 Tel.Fax No. 534-7590 0922-8539874  
 Supplier Registered with: PHILHEALTH

Work Order No. **14-03-014**  
 Date: March 3, 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 TELEVISION SET Model: SANYO ST-21KXL Stereo 21"	1,400.00	1,400.00
			LESS:		1,400.00
			EWT 2% 25.00		
			GMP 5% 62.50		87.50
					1,312.50
			RIV # <b>03-030</b>		
			14-01071 dtd. 02/13/14 PRID-GSBMD Emily D. Briones		
			0071		

**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

Very truly yours,

*[Signature]*  
**ELY E. ROXAS**

Administrative Officer III

Certified Budget Available: <i>[Signature]</i>	Funds Available in the amount of: <b>Php1,400.00</b>	<b>APPROVED:</b> <i>[Signature]</i> <b>LEILA S. TUAZON</b> OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
<b>CORAZON M. TABULAO</b> Fiscal Controller III	<b>LILIA R. GARRIDO</b> 3/10/14 Fiscal Controller III	
Within the COB: <u>GOV. AUTO-FY 2014</u> Expense Code: <u>210-10 / MFO - G.A.S.S</u> Budget: <u>\$ 1,400.00 / PPA - QRP</u> Remarks: <u>del profit 186, 15-2014</u>		<b>Received copy of J.O.:</b> _____ Date
<b>CONFORME:</b> <i>[Signature]</i> <b>HERNANDO D. PARCO</b> 3/11/2014 Signature over Printed Name and Position of authorized representative		