

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 **TOYOTA MAKATI INC.**
 Address **Ayala cor. Metropolitan Avenue Bel Air Village, Makati City**
 Tel.Fax No. **897-3333**
 Supplier Registered with: **PHILHEALTH**

Work Order No. **14-03-035**
 Date: **March 31, 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
1	1	UNIT	CHANGE OIL/CHECK-UP 15000 km OF ONE (1) UNIT OF TOYOTA INNOVA PLATE NO. SLD - 667 <i>Natv. under warranty</i>	5,643.10	5,643.10
			LESS: EWT 2% 100.77 ✓ GMP 5% 251.92 ✓		5,643.10
					352.69
					5,290.41
			RIV # 14-0277 dtd. 03/07/14 PRID-GSBMD - Emily D. Briones 04-068		

Terms & Conditions:

- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- 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 acknowledge to have been received by a representative either through fax or e-mail
- Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. 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
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.

Very truly yours,

[Signature]
ELY E. ROXAS

Administrative Officer III

Certified Budget Available: <i>[Signature]</i>	Funds Available in the amount of: Php5,643.10	APPROVED:
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III	<i>[Signature]</i> LEILA S. TUAZON
Within the COB: 4/1/2014	Expense Code: 817-00 / NPO: GASS	OIC, HEAD - SBAC
Budget: 5,643.10	Remarks: 1 PPAE PRID	HEAD OF THE AGENCY
		or Authorized Representative

Received copy of J.O on _____

CONFORME:

Print Name and Signature
 of Supplier/Representative

faxed 4/10 10:35 AM
c/o Glen