

J O B O R D E R
 (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**

J. Order NO: **14-10-094**
 Date: **October 1, 2014**
 Terms of Payment: **C.O.D**
 Mode of Procurement: **Direct Contracting**

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	CHANGE OIL /CHECK-UP (2,199 KM) TOYOTA GRANDIA GL-2014 W/ PLATE NO. YA-8423 AND PREVENTIVE MAINTENANCE Ref. No. TMCM B213376 LESS: EWT 2% 65.57 ✓ GMP 5% 163.93 ✓ RIV # 14-0801 dtd. 09/08/14 PRSMO - Emily D. Briones	3,672.00	3,672.00 3,672.00 229.50 3,442.50

Terms & Conditions:

- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of 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: Php3,672.00	APPROVED: <i>[Signature]</i> LEILA S. TUAZON OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
CORAZON M. TABULAO Fiscal Controller III Within the COB: Fr 2014 Expense Code: 847-20 / 18055 Budget: 9 3,672 - 1 PRMD Remarks: <i>[Signature]</i>		LILIA R. GARRIDO Fiscal Controller III 10 - 039	
Received copy of J.O on _____			CONFORME: <i>[Signature]</i> Print Name and Signature of Supplier/Representative