

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

SBAC-PS-14

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.: 14-11-106
 Date: November 13, 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	PREVENTIVE MAINTENANCE, PARTS AND LABOR FOR (5,000 KM) PRESENT READING (5,039 KM) For Toyota Innova w/ Plate No. SHY-927 Ref. No. TCMCM B217480 LESS: EWT 2% 80.97 GMP 5% 202.43 RIV # 14-1035 dtd. 11/11/14 PRSMD - Emily D. Briones	4,534.40	4,534.40 4,534.40 283.40 4,251.00

Terms & Conditions:

1. 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.
2. 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
3. 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
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
5. 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:	Funds Available in the amount of:	Php4,534.40	APPROVED:
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III	<i>[Signature]</i> LILIA R. GARRIDO Fiscal Controller III		<i>[Signature]</i> LEILA S. TUAZON OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>Fr 2014</u> Expense Code: <u>807-00 1014</u> Budget: <u>4,534.40</u> Remarks: <u>11-273</u>			
Received copy of J.O on <u>11/13/14</u>		CONFORME: <u>[Signature]</u> Print Name and Signature of Supplier/Representative	