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COA Copy

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

JOB ORDER
(Non - Inventoriable Items)
OFFICE/DEPARTMENT: PRO 1

Supplier: DM TECH SERVICE CENTER
Address: Bolosan District, Dagupan City
Tel. Fax No.: 522-5188 / 515-3088 / 560-2198 / 0922-8379381
Supplier Registered with: 128-343-643-000 NV

Work Order No.: 2014-007
Date: 3/4/2014
Term of Payment: Charge
Mode of Procurement: Direct Contracting

Please deliver to this office within _____ upon approval of final sample.
Note: Additional _____ working days to submit for approval of text / sample.

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	1	lot	Repair of 3TNR Floor Mounted Aircon located at BAS 1. Parts - "Everest" original capacitor 40uf 2. Labor xxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxx Less: TAX VAT (3%) RIV No. 14-0303-0172	 TOTAL TOTAL - NET OF VAT	 1,500.00 350.00 1,850.00 55.50 1,794.50

- Terms & Conditions:
1. 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.
 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 acknowledged 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. Suppliers are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall be from 9:00AM to 11:30 AM and 1:30pm to 3:00PM during Mon/Wed/Fri (MWF).
 4. All item/s shall be delivered and accepted by the Procurement Section at 15th Floor, Room 1503 Citystate Ctr. Bldg. Pasig City.
 5. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
 6. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
 7. In case the series of layout/design presented by the supplier does not satisfy the end-user, the Corporation has the right to cancel the Job Order (JO).
 8. Payment shall be made in full subject to corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

Very truly yours,
CYNTHIA A. SANTOS
Division Chief IV, MSD

Certified Budget Available: _____ <u>JOSE A. MONES</u> Fiscal Controller III	Funds Available in the amount of: <u>1,800</u> <u>JANE P. RAGOS</u> Fiscal Controller IV	APPROVED: <u>ELVIRA C. VER</u> REGIONAL VICE PRESIDENT, PRO1
With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____		
Received copy of J.O. on _____ Date: <u>03/12/14</u>		CONFORME: <u>CAMPRA JUNIO</u> Signature over Printed Name of Supplier / Representative

- INSTRUCTIONS ON HOW TO USE THIS FORM:**
1. This form shall be used for the acquisition of services such as printing, renovation, etc.
 2. This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
 3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
 4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
 5. This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
 6. This form shall be prepared in 3 copies distributed as follows:
1 copy - PRID 1 copy - Comptrollership Dept. 1 copy - COA

PHILHEALTH REGIONAL OFFICE I
COA
MAR 14 2014
Received By: _____
Time: 11:15 PM

**SALES, REPAIRS, CLEANING AND INSTALLATION
(REFRIGERATORS ALL TYPES OF AIRCON, WASHING MACHINE AND WATER DISPENSE)**