Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PCMM-P-007

JOB ORDER

(Non - inventoriable items)

OFFICE/DEPARTMENT: PRO 1

Supplier: MATCO COMPUTER CENTER
Address: 203 B. Corner 4th St., along 11th Ave. Grace Park, Caloocan City
Tel. Fax No.: (02) 441-4502 / 363-4769
Supplier Registered with: 224-228-547-000 V

Work Order No.: 2014-023
Date: 6/26/2014
Term of Payment: Payment Upon Delivery
Mode of Procurement: Negotiated under Small Value Procurement

Please deliver to this office within 3-8 days upon receipt of JO / 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
	2	units	**Repair of HP printer 4250n and P3005**		
	1	pc	HP Laserjet 4250n Fuser Assembly	14,500.00	14,500.00
	1	pc	HP Laserjet 4250n Swing Gear	1,800.00	1,800.00
	1	pc	HP Laserjet 4250n Formatter Board	7,500.00	7,500.00
	1	lot	Labor	300.00	300.00
	1	pc	HP Laserjet P3005 Swing Gear	1,800.00	1,800.00
	1	pc	HP Laserjet P3005 Bushing	1,500.00	1,500.00
	1	lot	Labor	300.00	300.00
			Warranty: 90 days on parts replaced including labor	Total - Labor	600.00
			xxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxx	Total - Materials	27,100.00
				TOTAL - L&M	27,700.00
			Less: TAX		
			VAT (5%/1.12) (Materials)	1,209.82	
			EWT (1%/1.12) (Materials)	241.96	
			VAT (5%/1.12) (Labor)	26.79	1,478.57
			RIV Nos. 14-0610-0263 Requesting Unit: GSU	TOTAL - NET OF TAX	26,221.43

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 11:00 AM and 1:30pm to 3:00PM 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.
6. 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).
7. 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.

PHILHEALTH REGIONAL OFFICE I
COA
JUN 30 2014
Received By: Brown
Time: 4:30 AM

Very truly yours,
Santos 6/27/14
CYNTHIA S. SANTOS
Division Chief V, MSD

Certified Budget Available:
JOSE A. MONES
Fiscal Controller III

Funds Available in the amount of: 27,700
JANE C. LAGOS
Fiscal Controller IV

APPROVED:
ELVIRA C. VER
REGIONAL VICE PRESIDENT, PRO I
6/30/14

Within the COB:
Expense Code:
Budget:
Remarks:

Received copy of J.O. on 6/30/14
Date

CONFORME:
MELODIE TABUCOL
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