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PHILHEALTH-PRO1ADMIN

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Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POWMI-P-007

JOB ORDER

(Non-Inventoriable Items)

OFFICE/DEPARTMENT: PRO.1Supplier: MATCO COMPUTER CENTERAddress: 203 B Corner 4th St., Along 11th Ave., Grace Park, Caloocan CityTel. Fax No.: (02) 788-7602/363-4769 / 441-4502 (T/F)Supplier Registered with: 224-228-547-000 VATWork Order No.: 2014-067Date: 11/27/2014Term of Payment: Payment Upon DeliveryMode of Procurement: Negotiated under Small Value Procurement

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	service	Repair/check-up of HP LaserJet 4015n S#: CNFY391687 Prop. #: PRN-0118	14,500.00	14,500.00
	1	pc	Fuser Assembly HP LaserJet 4015n S#: CNFY391687 Prop. #: PRN-0118		
	1	service	Repair/Check-up of HP LaserJet 4250n S#: CNHXB59913 Prop. #: PRN-0064	14,500.00	14,500.00
	1	pc	Fuser Assembly HP LaserJet 4250n S#: CNHXB59913 Prop. #: PRN-0064		
	1	service	Repair/Check-up of HP LaserJet 4200 S#: SGHX106300 Prop. #: PRN-0023	300.00	300.00
	1	pc	Formatter for HP LaserJet 4200 S#: SGHX106300 Prop. #: PRN-0023	7,500.00	7,500.00
	1	service	Repair/Check-up of HP LaserJet 4015n S#: CNFY391690 Prop. #: PRN-0119		
	1	pc	Broken upper tray & worn out feed in lower tray of HP LaserJet 4015n S#: CNFY391690 Prop. #: PRN-0119		
	1	pc	Lower Tray	2,500.00	2,500.00
	1	pc	Front Tray	1,500.00	1,500.00
	1	pc	Labor	300.00	300.00
	1	service	Repair/Check-up of HP LaserJet P3005x S#: CNCN41689 Prop. #: PRN-0072	300.00	300.00
	1	pc	Fuser film of HP LaserJet P3005x S#: CNCN41689 Prop. #: PRN-0072	4,500.00	4,500.00
	1	service	Repair/Check-up of HP LaserJet 4015n S#: CNFY344569 Prop. #: PRN-0101	300.00	300.00
	1	pc	Formatter for HP LaserJet 4015n S#: CNFY344569 Prop. #: PRN-0101	7,500.00	7,500.00
			Warranty: 90 days on parts replaced including labor Availability/Leadtime: 3-5 days upon receipt of JO FREE DELIVERY xxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxx Less: TAX VAT (5%/1.12) (Materials) EWT (1%/1.12) (Materials) VAT (5%/1.12) (Labor) RIV No. 14-1022-0434 Requesting Unit: ITMS	Total - Materials Total - Labor GT - L&M 2,343.75 468.75 53.57 Total - Net of Tax	52,500.00 1,200.00 53,700.00 2,866.07 50,833.93

Terms & Conditions:

1. The agency shall impose penalty in an amount equivalent to 1/100 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). 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.

Very truly yours, *[Signature]*
 MARIE DONNA O. ANTONA
 OIC-DC IV, MSD/AD IV

Certified Budget Available: _____ Funds Available in the amount of: <u>52,700.00</u> <i>[Signature]</i> JOSE A. MONES Fiscal Controller III <i>[Signature]</i> <u>12/1/14</u>		LAURA F. BASA OIC-Section Head, Comptrollership Section		APPROVED: <i>[Signature]</i> DR. LEO DOUGLAS V. CARDONA, JR. REGIONAL VICE PRESIDENT, PRO1
With in the COB: <u>12/1/14</u> Expense Code: <u>8422-00</u> Budget: <u>1875</u> Remarks: _____				
Received copy of J.O. on _____ Date: <u>12/4/14</u>		CONFORME: <i>[Signature]</i> 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

