

**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

Job Order No.: 15-03-023  
 Date: March 13, 2015  
 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 (30,000 kms.)  For Toyota Innova SLD-677 (Present Reading: 30,000 kms.)  Ref. No. TCMC B228014          LESS: EWT 2% 100.77 GMP 5% 251.92  RIV # 15-0341 dtd. 03/13/15 PRSM - Emily D. Briones	5,643.10	5,643.10          5,643.10  352.69  5,290.41

**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

JO 03-046

Certified Budget Available: <i>[Signature]</i>	Funds Available in the amount of: <u>Php5,643.10</u>	APPROVED:
<u>CORAZON M. TABULAO</u> Fiscal Controller III	<u>LILIA R. GARRIDO</u> Fiscal Controller III	<i>[Signature]</i> <u>CHERIE CARMEN B. DIVINA</u> OIC/ HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>FF 2015</u> Expense Code: <u>847-20 13-16</u> Budget: <u>P 5,643.10</u> <u>PR-10</u> Remarks: <i>[Signature]</i>		
Received copy of J.O on _____		CONFORME: <i>[Signature]</i> Print Name and Signature of Supplier/Representative <u>04-07-15</u>