## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

## JOB ORDER

(Non - Inventoriable Items) OFFICE/DEPARTMENT: PRO 1 POMM-P- 007

Supplier:	RJGA BUILDERS
Address:	136 Ytayat Laoac, Pangasinan
Tel. Fax No.:	0922-888-4711
Supplier B	egistered with 177-190-129-000 V

Work Order No.:	2016-106
Date:	12/29/2016
Term of Payment:	Charge
Mode of Procurement:	Small Value Procurement

Please deliver to this office within 8 days upon receipt of approved Job Order Note: Additional \_\_\_\_\_ working days to submit for approval of text / sample.

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	1	lot	Leasehold Improvements/breastfeeding and mini-coffee station, medicine cabinet and refurbishing of frontline area	27,000.00	27,000.00
			TOTAL		27,000.00
			XXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXX		
			Less: TAX		
			VAT (5%/1.12)		1,205.36
			VAT (1%/1.12)		241.07
1.		×	PR No. 16-1214-0700	Total - Net of	
		Requesting Unit: LHIO-Central Pangasinan	Requesting Unit: LHIO-Central Pangasinan	Tax	25,553.57

Terms & Conditions:

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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).

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.

S. 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 Acceptence and Inspection Report.

Very truly you RZADON, M.D. MSD CHIEF

Certified Budget Available: Funds	Available in the amount of:	APPROVED:
JOSE A. MONES Fiscal Controller	EDWARD Q. ESPIRITU MAL	
0.04		ATTY. RODOLFO B. DEL ROSARIO, JR.
With in the COB:		RVP, PRO1
Expense Code:	THE (AC SUPPORT) BY THE	AUTHORITY OF NIC. PVP
Remarks:		Stater office
Received copy of 0. on	1/4/2017	CONFORTS E PERATE CONFORT
punchas	Date	Division Chief W Signature over Printed Name
CUBENL ALLADO		of Supplier / Representative
INSTRUCTIONS ON HOW TO USE THIS FORM: 1. This form shall be used for the acquisition of services		

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 coipies distributed as follows: 1 copy - PRID 1 copy - Comptrollership Dept.

1 copy - COA

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