

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: LEPAGUS ENTERPRISES
Address: Tebag, Sta. Barbara, Pangasinan
Tel. Fax No.: (075) 653-1281
Supplier Registered with: 906-966-399-000 V

Work Order No.: 2016-18
Date: 5/5/2016
Term of Payment: Charge
Mode of Procurement: Negotiated Procurement - 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	lot	Hauling of Office Supplies from PS DBM La Union to PRO 1 Warehouse -XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXX Less: TAX VAT (5%/1.12) EWT (2%/1.12) PR No. 16-0421-0307 Requesting Unit: PRO 1	714.29 285.71	16,000.00 1,000.00
				Total - Net of Tax	15,000.00

Terms & Conditions:

- 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.
- 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.
- Delivery of the above items 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.
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
- 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).
- 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.

BY THE AUTHORITY OF FC III BY THE AUTHORITY OF OIC-FMS

Very truly yours,

MARICAR M. ARZADON, M.D.
Division Chief IV, MSD

By the authority of the DC IV, MSD

MARINEL C. BRAVA
FISCAL CONTROLLER III

JOSE A. MONES
FISCAL CONTROLLER III

SALLY S. GOMEZ
SIO III / OIC-GSU

Confirmed Budget Available	Funds Available in the amount of: <u>15,000.00</u>	APPROVED:
<u>JOSE A. MONES</u> Fiscal Controller III	<u>EDWARD Q. ESPIRITU</u> OIC-FMS	<u>RODOLFO B. DEL ROSARIO, JR.</u> RVP, PRO1
		By the authority of the RVP <u>MARICAR M. ARZADON, M.D.</u> Division Chief IV, MSD
		CONFIRME: <u>Levy P. Agustin</u> Signature over Printed Name of Supplier / Representative
	May 5, 2016 Date	

INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for the acquisition of services such as printing, renovation, etc.
- This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Compliance Officer to which supplier has submitted the lowest quotation and if it had met the required specs.