

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P- 007

JN 22 2016

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier.	ERIC'S REFRIGERATI	ON SERVICE CENTER	Work Order No.:	2016-29
		an, Laoag City, Ilocos Norte	Date:	6/15/2016
Tel Fax No			Term of Payment:	Charge
	egistered with:	459-798-171 NV	Mode of Procurement:	Negotiated Procurement-
anhous, we	Egistered with.	133730 272111	۲.	Small Value Procurement
	Please deliver to this		upon approval of final sample.	
Note: A	dditional work	ing days to submit for approval of te	ext / sample.	,
				1

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	1	lot	General cleaning/maintenance of aircon units:		
	2	units	National, 2HP Window Type	500.00	1,000.00
	1	unit	Kolin, 2.5HP Window Type	500.00	500.00
	1	unit	Carrier, 3 Tonner Floor Mounted	1,500.00	1,500.00
	2	units	LG, 3 Tonner Floor Mounted	1,500.00	3,000.00
	-	u i i i i	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	6,000.0
			Less: TAX		
			VAT (3%)		180.00
			PR No. 16-0530-0359		5,820.00
			Requesting Unit: LHIO Ilocos Norte		3,525.00

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 11:30 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
- 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 yours,

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

By the authority of the DC IV, MSD

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PO III / O C-HRU (//

With in the COB: 1 spense Code: Bdget	RODOLFO B. DEL ROSARIO, JR. RVP, PRO1 DV THE AUTHORITY OF
Beliet HOM HOUT LIM	DA THE UNTHOKILLA OF TOTAL
Remarks	Maricar M. Arzadon, M.D. Medical Difficer VIII G - T7 - K
Recevied copy of J.O. on 6 - 18 - 10	CONFORMACIA DE GUARANTE LA PROCESTA LA SIgnature over Printed Name

INSTRUCTIONS ON HOW TO USE THIS FORM:

- 1. 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 & 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. 1/2 K

1 copy - Comptrollership Dept.

1 copy - COA