Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

JOB ORDER

(Non - inventoriable items)

OFFICE/DEPARTMENT: PRO 1

Supplier: MATCO COMPUTER CENTER
Address: 203 B Corner 4th St., along 11th Ave. Grace Park Caloocan City
Tel. Fax No.: (02) 788-7602 / 363-4769
Supplier Registered with: 224-228-547-000 V

Work Order No.: 2016-35
Date: 7/8/2016
Term of Payment: COD
Mode of Procurement: Negotiated-Small Value Procurement

Please deliver to this office within **10-15 days upon confirmation of availability of check** upon approval of final sample.
Note: Additional ___ working day 0

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	1	service	Repair/check up of HP laserjet printer 4250N s/n: CNHXB59913	0.00	0.00
	1	pc	DC controller of HP laserjet printer 4250N s/n: CNHXB59913	6,500.00	6,500.00
	1	service	Repair/check up of HP laserjet printer 4015n s/n: CNFY344569	300.00	300.00
	1	pc	Gear Assembly of HP laserjet printer 4015n s/n: CNFY344569	2,500.00	2,500.00
	1	pc	Feed roller in Tray 1 of HP laserjet printer 4015n s/n: CNFY344569	1,500.00	1,500.00
	3	pcs	Feed roller in Tray 2 of HP laserjet printer 4015n s/n: CNFY344569	1,500.00	4,500.00
			xxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxx	**Total - L&M**	**15,300.00**
			Less: TAX		
			VAT (5%/1.12) (Labor & Materials)	683.04	
			EWT (1%/1.12) (Materials)	133.93	816.97
			PR No. 16-0621-0391		
			Requesting Unit: ITMS - for replacement of defective parts of printer	Total - Net of Tax	**14,483.03**

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 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.

JUL 12 2016
COA

Very truly yours,

MARICAR M. ARZADON, M.D.
MD VII / MSD CHIEF

Certified Budget Available:

JOSE A. MONES
Fiscal Controller IV

Funds Available in the amount of: 15,300.00

EDWARD Q. ESPIRITU
OIC-FMS

APPROVED:

RODOLFO B. DEL ROSARIO, JR.
RVP, PRO1

With in the COB:
Expense Code
Budget:
Remarks:

Received copy of J.O. on 7/12/16
Date

CONFORME:
MELANIE A. TABACOL
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. [illegible]

Received thru email: 7/12/16