

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P- 007

JOB ORDER

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

Supplier: LAOAG CITY GENERA	AL HOSPITAL	Work Order No.:	Work Order No.: 2016-49		
Address Brgy. 46, Nalbo, Lao	ag City, Ilocos Norte	Date:	8/23/2016		
Tel. Fax No.: (077) 67	0-8234	Term of Payment:	Charge		
Supplier Registered with:	000-723-406 V	Mode of Procurement:	Negotiated Procurement-		
			Small Value Procurement		
Please deliver to this	office within	upon approval of final sample.			

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	4	xsq	Physical Examination	150.00	600.00
	4	pax	Complete Blood Count (CBC)	162.00	648.00
	4	pax	Urinalysis	54.00	216.00
	4	pax	Chest X-ray	230.00	920.00
	4	pax	Lipid Profile	585.00	2,340.00
	4	pax	Fasting Blood Sugar (FBS)	135.00	540.00
	3	pax	Creatinine	144.00	432.00
	3	pax	Blood Uric Acid	135.00	405.00
	1	pax	Calcium	135.00	135.00
	1	pax	Potassium	108.00	108.00
	2	pax	ECG	460.00	920.00
	⁴ 3	pax	Mammography / Breast UTS	990.00	2,970.00
	3	pax	Pap Smear	167.50	502.50
			xxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxx	TOTAL	10,736.50
			Note: VAT Exempt		
			PR No. 16-0418-0294		
		Requesting Unit: 2016 Annual Periodic Health Examination for LHIO Ilocos Norte regular employees	Total - Net of Tax	10,736.50	

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 celay 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 John Organ (I/O).
- 7. 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.

SEP 02 2016, coa- pym

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Certified Budget Available JOSE A. MONES Fiscal Controller IH	Funds Available on the amount of: 10, 756. 50 ISOWARD Q. ESPIRITU Page: OIC-EMS	MO VII/ MSD CHIEF? APPROVED: ATTY. RODOLFO B. DEL ROSARIO, JI RVP, PRO1
With in the COB: Expense Code: Bdger. Remarks:		By the authority of the RVP The South Hy MARICAR M. ARZADON, M.D.
Recevied copy of J.O. on	9/1/1/ Oate	CONFORME CONFORME Signature over Printed Name of Supplier / Representative

- 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 PQ.
- 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

Very truly yours,