



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.: 788-7602/363-4769/441-4502(T/F)  
Supplier Registered with: 224-228-547-000 VAT

Work Order No.: 2016-4  
Date: 2/18/2016  
Term of Payment: COD  
Mode of Procurement: Negotiated under Small Value Procurement

Please deliver to this office within **3-5 days upon receipt of PO and availability of check** 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	service	Repair/Check-up of HP Laserjet Printer M602 s/n: CNB8D67804	300.00	300.00
	1	pc	Fuser Assembly of HP Laserjet Printer M602 s/n: CNB8D67804	19,500.00	19,500.00
	1	pc	Back Cover Assembly of HP Laserjet Printer M602 s/n: CNB8D67804	2,500.00	2,500.00
	1	pc	Feed Roller in Tray 1 of HP Laserjet Printer M602 s/n: CNB8D67804	1,500.00	1,500.00
	3	pcs	Feed Roller in Tray 2 of HP Laserjet Printer M602 s/n: CNB8D67804	1,500.00	4,500.00
	1	service	Repair/Check-up of HP Laserjet Printer M602 s/n: CNB8D6780D	300.00	300.00
	1	pc	Fuser Assembly of HP Laserjet Printer M602 s/n: CNB8D6780D	19,500.00	19,500.00
	1	pc	Feed Roller in Tray 1 of HP Laserjet Printer M602 s/n: CNB8D6780D	1,500.00	1,500.00
	3	pcs	Feed Roller in Tray 2 of HP Laserjet Printer M602 s/n: CNB8D6780D	1,500.00	4,500.00
	1	service	Repair/Check-up of HP Laserjet Printer 4015n s/n: CNFY391690	300.00	300.00
	1	pc	Fuser Assembly of HP Laserjet Printer 4015n s/n: CNFY391690	19,500.00	19,500.00
	1	pc	Front Cover Assembly of HP Laserjet Printer 4015n s/n: CNFY391690	2,500.00	2,500.00
	1	pc	Feed Roller in Tray 1 of HP Laserjet Printer 4015n s/n: CNFY391690	1,500.00	1,500.00
	1	pc	Feed Roller in Tray 2 of HP Laserjet Printer 4015n s/n: CNFY391690	1,500.00	1,500.00
	1	pc	Gear Assembly of HP Laserjet Printer 4015n s/n: CNFY391690	2,500.00	2,500.00
	1	service	Repair/Check-up of HP Laserjet Printer 4015n s/n: CNFY276046	300.00	300.00
	1	pc	Fuser Assembly of HP Laserjet Printer 4015n s/n: CNFY276046	19,500.00	19,500.00
	1	pc	Feed Roller in Tray 1 of HP Laserjet Printer 4015n s/n: CNFY276046	1,500.00	1,500.00
	3	pcs	Feed Roller in Tray 2 of HP Laserjet Printer 4015n s/n: CNFY276046	1,500.00	4,500.00
	1	pc	Printer Scanner of HP Laserjet Printer 4015n s/n: CNFY276046	6,500.00	6,500.00
xxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxx				<b>TOTAL</b>	<b>114,200.00</b>
<b>Warranty:</b> 90 days on parts replaced including labor					
<b>Less: TAX</b>					
VAT (5%/1.12)				5,098.21	
EWT (1%/1.12) (Materials)				1,008.93	6,107.14
PR No. 16-0104-0085					
Requesting Unit: ITMS				<b>Total - Net of Tax</b>	<b>108,092.86</b>

**Terms & Conditions:**

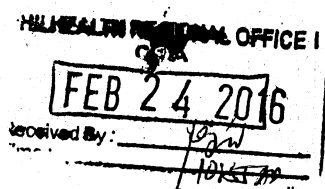
- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Job Order (J.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative either through fax or e-mail.
- Delivery of the above 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.
- 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.

Very truly yours,

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

By the authority of the DC IV, MSD

MARIE DONNA O. ANTONA  
Administrative Officer IV



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PHIC PRO1-ADMIN-GSU

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Certified Budget Available: Funds Available in the amount of: <u>14,000</u>		APPROVED:
By the authority of FCII: <u>Edward Q. Espiritu</u> FCII: <u>Manuel C. Bravo</u> FCII: <u>Manuel C. Bravo</u>		<b>RODOLFO B. DEL ROSARIO, JR.</b> RVP, PRO1
With in the COB: <u>2016</u>		By the authority of the RVP: <u>2-19-16</u>
Expense Code: <u>842-20</u>		<b>CYNTHIA S. SANTOS</b>
Subject: <u>HTS</u>		Division Chief IV, FOD
Remarks:		
Received copy of J.O. on <u>2/23/16</u> Date		CONFORME: <u>Melanie Tokual</u> 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 signatures 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 copies distributed as follows:

1 copy - PRID

1 copy - Comptrollership Dept.

1 copy - COA