

Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

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

Supplier: JOHN HENRY CAR CARE CENTER  
Address: General Segundo Avenue, Brgy. 12, Laoag City, Ilocos Norte  
Tel. Fax No.: 077-770-3919  
Supplier Registered with: 000-228-487-000 VAT

Work Order No.: 2016-5  
Date: 2/26/2016  
Term of Payment: Charge  
Mode of Procurement: Negotiated under 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
			Labor and materials for the periodic maintenance of Toyota Innova, SFH 812		11,222.00
			<b>PARTS:</b>		
	1	set	Brake pad	974.00	974.00
	1	set	Brake shoe	717.00	717.00
	1	pc	WD40	168.00	168.00
	2	btls	Brake Fluid	106.50	213.00
	8	ltrs	Mobil 2000	422.125	3,377.00
	1	pc	Oil Filter	174.00	174.00
	1	pc	Brake Cleaner	252.00	252.00
	1	pc	2 SMF Gold	5,347.00	5,347.00
			<b>LABOR/SERVICE:</b>		2,141.00
	1	lot	Change oil		319.00
	1	lot	Replacement of brake shoe		762.00
	1	lot	Overhauling of brake caliper with replacement of brake pad		560.00
	1	lot	Resetting of timing belt		500.00
			xxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxx		
			<b>Less: TAX</b>		
			VAT (5%/1.12) (Labor & Materials)	596.56	
			EWT (1%/1.12) (Materials)	100.20	696.76
			<b>TOTAL</b>		13,363.00
			<b>Total - Net of Tax</b>		12,666.24
			PR No. 16-0212-0160 Requesting Unit: Ilocos Norte LHIO		

**Terms & Conditions:**

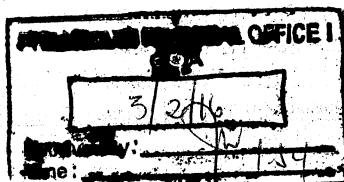
- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Job Order (J.O.) by the dealer is not indicated, it shall be deemed received on the day it was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

MARIE-DONNA O. ANTONA  
Administrative Officer IV



Certified Budget Available: _____ Funds Available in the amount of: <u>18,319.00</u>		APPROVED:
JOSE A. MONES Fiscal Controller III		RODOLFO B. DEL ROSARIO, JR. RVP, PRO1
EDWARD Q. ESPERITU <i>Grace</i> OIC-FMS		By the authority of the RVP 3-1-14 MARICAR M. ARZADON Division Chief IV, MSD
With in the COB: <u>117</u> Expense Code: <u>210</u> Budget: <u>117 011</u> Remarks: _____	CONFORME: <i>Cherry</i> CHERRY MARICAR M. ARZADON Signature over Printed Name of Supplier / Representative	
Received copy of I.O. on _____ Date: <u>03-02-14</u>		

# 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. 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