Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-F-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.: 788-7602/363-4739/441-4502(T/F)
Supplier Registered with: 224-228-547-000 VAT

Work Order No.: 2016-7
Date: 3/4/2016
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/Checkup of HP LaserJet Enterprise M602 s/n: CNBBD93021	300.00	300.00
	1	pc	Brand new Fuser Assembly of HP LaserJet Enterprise M602 s/n:CNBBD93021	19,500.00	19,500.00
	1	pc	Feed Roller in tray1 of HP LaserJet Printer Enterprise M602 s/n:CNBBD93021	1,500.00	1,500.00
	3	pcs	Feed Roller in tray2 of HP LaserJet Printer Enterprise M602 s/n:CNBBD93021	1,500.00	4,500.00
			xxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxx	TOTAL	25,800.00
	Warranty: 60 days on parts replaced including labor		Less: TAX VAT (5%/1.12) (Labor & Materials) EWT (1%/1.12) (Materials)	1,151.79 227.68	1,379.47
			PR No. 16-0223-0202 Requesting Unit: ITMS	Total - Net of Tax	24,420.53

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 Acceptance and Inspection Report.

PHILHEALTH REGIONAL OFFICE I
COA
3/7/16
Received by:
Time:

Very truly yours,

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

By the authority of the DCIV, MSD

EDWARD Q. ESPIRITU 3-4-16
OIC-FMS

Certified Budget Available: JOSE A. MONES Fiscal Controller III By the authority of the FC III LAURA F. ... 3/4 With in the COB: Expense Code: Budget: Remarks:	Funds Available in the amount of 25,800.00 EDWARD Q. ESPIRITU OIC-FMS By the authority of OIC, FMS Head MARIMAR C. BRAVO Fiscal Controller II	APPROVED: RODOLFO B. DEL ROSARIO, JR. RVP, PRO1 By the authority of the RVP 3-4-16 MARICAR M. ARZADON, M.D. Division Chief IV, MSD
Received copy of J.O. on	3/4/16 Date	CONFORME: Melany ... 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. 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