PHILIPPINE HEALTH INSURANCE CORPORATION REGIONAL HEALTH INSURANCE OFFICE III

PhilHealth Bldg., Lazatin Blvd., San Agustin, City of San Fernando, Pampanga Tel. No. (045) 961-4175 loc. 4332 / Fax No. (045) 963-0299

JOBORDER (Non-Inventoriable Items)

POLIENTO C. VALENCIA JR. AIRCON, REF AND ELECTRICAL SERVICES

DAO ST. PHASE 2 B VILLA BAROSA DOLORES CITY OF SAN FERNANDO PAMPANGA

0943-622-2200

10		0943-622-2200		Term of Payment:	15 days
Supplier Registered with:		PHILHEALTH			Small Value Procurement
				Per Approved Corpo	rate Order no: 2015-0014
Р	lease deliver to th	is Office within	15 working Days from receipt of final proof.		
NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	lot	Transfer of Aircon and Re-charging of freon of Airconditioning Unit from Old Legal Office to LHIO San Fernando (PMAC)		7,500.00
			*********Nothing Follows******		2 3
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200			P.R. #: R3-16-028	TOTAL AMT.	PHP 7,500.00

Conditions:

Supplier:

Address:

Tel./ Fax No.:

- 1. The Agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the value of undelivered order for each day of the delay as liquidated damages.
- 2. Render your bills in triplicate copies including the original.
- 3. If the date of receipts of this Job Order (J.O.) by the dealer is not indicated, it shall be deemed received within 15 days from the date of the approval.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
- 5. Delivery shall be made only on MONDAYS to THURSDAYS not later than 3 P.M. except for emergency cases wherein prior notification in such cases shall be given by this office.

Very truly yours,

DANILO M. DEYNES, M.D. Chief, Management Services Division

Work Order No.: JO-16-001

Date: February 3, 2016

Certified Budget Available: APPROVED Funds available in the amount of 7,500.00 WILLIEANNE D. CAYACO V. TULIAO, CESO V Fiscal Controller III = C42016 Within the COB: Expense Code 842-10 Budget: Remarks:

CONFORME:

POLIENTO

SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE

VALEHUA JR

02 - 12 - 16 DATE RECEIVED COPY OF J.O.