

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

J O B O R D E R

(Non-Inventoriable Items)

Supplier:

Address:

ISRAEL DE JESUS

120 PRK. 3, QUEBIAWAN, CITY OF SAN FERNANDO PAMPANGA

Tel./ Fax No.:

0946-539-9456/0975-538-0011

Supplier Registered with:

PHILHEALTH

Work Order No.: **JO-16-004**

Date: February 17, 2016

Term of Payment: 15 days

Mode of Procurement: Small Value Procurement
Per Approved Corporate Order no: 2015-0014

Please deliver to this Office within 15 working Days from receipt of final proof.

| NO. | QTY. | UNIT | ITEM / DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|------|------|---|------------|---------------|
| | 1 | lot | LABOR- PAINTING | 27,000.00 | 27,000.00 |
| | | | Painting works | | |
| | | | 1. Interior painting at 2nd floor except slab metal decking, interior of BAS-A storage, Interior of COA storage, Interior BAS-Finance, COA office & comfort room. | | |
| | | | 2. Painting of partition between HCDMD & AQAS | | |
| | | | 3. Painting of enclose partition between GSU holding area & MSD & between MSD & Records unit. | | |
| | | | *****Nothing Follows***** | | |
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| | | | (Payment of Labor for Painting intended for Repair and Maintenance of Building) | | |
| | | | P.R. #: R3-16-068 | TOTAL AMT. | PHP 27,000.00 |

Conditions:

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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.
4. 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. REYNES, M.D.

Chief, Management Services Division

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| *Certified Budget Available: | Funds available in the amount of | APPROVED |
| <p> <u>WILLIEANNE D. CAYACO</u> <i>Fiscal Controller III</i> </p> <p> Within the COB: <u>4/20/16</u> Expense Code <u>839-20</u> Budget: <u>AS (4062-13)</u> Remarks: _____ </p> | <p> <u>ANGELITA S. REYES</u> <i>Fiscal Controller IV</i> </p> | <p> La: <u>Shan S. R.</u> <u>LOLITA V. TULIAO, CESO V</u> <i>OIC, Vice-President PRO III</i> </p> |
| <p>CONFIRMA</p> | | |

CONFORME:

**SIGNATURE OVER PRINTED NAME
OF SUPPLIER/ REPRESENTATIVE**

DATE RECEIVED COPY OF J.O.