



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.	1222 /	Eax No	(045) 963-0299
1 el. NO.	(045) 961-4175 100.	4332/	FUX NO.	(045) 505 0255

<u>JOBORDER</u>

(Non-Inventoriable Items)

Supplier:	CASA ENZO AUTOMOTIVE SERVICE CENTER	Work Order No.: JO-16-007	
Address:	737 NATIONAL ROAD SAN JUAN CITY OF SAN FERNANDO PAMPANGA	Date: February 18, 2016	
Tel./ Fax No.:	(045) 963-9378	Term of Payment: 15 days	
Supplier Registered with:	PHILHEALTH	Mode of Procurement: Small Value Procureme	
		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	Change Oil and Tune Up	3,455.00	3,455
		,	*********Nothing Follows********		
					1
					5 d a
	`				
					-
				~	
			(Preventive Maintenance: SHV-918 Isuzu Crosswind)	п.	
			P.R. #: R3-16-045	TOTAL AMT.	PHP 3,455.

Conditions:

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

	Certified Budget Available:	Funds available in the amount of 3,455.00	APPROVED
ت. ۵	WILLIEANNE D. CAYACO Fiscal Controller III Within the COB: CH2016 Expense Code RH DO Budget: HSS-SHOP2-B Remarks:	ANGELITA S. REYES Fiscal Controller IV	LOLITAV/TUELAO, CESOV OIC, Vile-President PRO THI
	CONFORME: Hat's DCAMPS SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		ی - ع - ۲۷ DATE RECEIVED COPY OF J.O.

. .