

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: **CASA ENZO AUTOMOTIVE SERVICE CENTER**
Address: **737 NATIONAL ROAD SAN JUAN CITY OF SAN FERNANDO PAMPANGA**
Tel./ Fax No.: **(045) 963-9378**
Supplier Registered with: **PHILHEALTH**

Work Order No.: **JO-16-009**
Date: **February 22, 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	Change Oil and Tune Up	3,800.00	3,800.00
			*****Nothing Follows*****		
			(Preventive Maintenance:SHH-591, Mitsubishi Adventure)		
			P.R. #: R3-16-054	TOTAL AMT.	PHP 3,800.00

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 3,800.00	APPROVED
WILLIEANNE D. CAYACO Fiscal Controller III	ANGELITA S. REYES Fiscal Controller IV	LOLITA V. TULIAG, CESO V 2/25/16 OIC, Vice-President PRO III
Within the COB: CY2016 Expense Code: 847-00 Budget: ACC (Stob 2-13) Remarks:		
CONFORME:		
SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE Helen Oranjo		DATE RECEIVED COPY OF J.O. 2-29-16 PhilHealth