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)

RODEL P. GABARDA'S APPLIANCE SERVICE CTR. & GEN. MDSE.

Address:		KALAY	'AAN VILLAGE SAN VICENTER QUEBIAWAN CSFP	-	F. J. 22 2212
Tel./ Fax No.:		(045) 861-3645			February 23, 2016
Supplier Registered with:		DUULUEALTU		Term of Payment:	
oupplier ivedistered Mith:		PHILHEALTH N			Small Value Procurement
				Per Approved Corpo	rate Order no: 2015-0014
PI	ease deliver to th	is Office within	15 working Days from receipt of final proof.		
NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			(Transfer/Re-Installation of the Airconditioning Units from Felizza Jazz Bldg. to Cabanas Bldg.; Dismantle & Relocate A/C unit from PRO III Bldg. to new Office of Br. B- Cabanas N4 Bdlg. Malolos Bulacan)	,	
	8	units	FLOOR MOUNTED	7,400.00	59,200.00
	1	unit	CEILING MOUNTED	7,400.00	7,400.00
	5	units	WALL MOUNTED	7,400.00	37,000.00
			********Nothing Follows******		
4			P.R. #: R3-16-058 and R3-16-064	TOTAL AMT.	PHP 103,600.00

Conditions:

Address:

- 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,

Work Order No.: JO-16-010

Certified Budget Available:	Funds available in the amount of 103,600.00	APPROVED
WILLIEANNE D. CAYACO Fiscal Controller III	ANGELITA'S. REYES Fiscal Controller IV	LOLITA V. TULIAY, CESO V OIC, Vice President PRO I) 1 2/23/
Within the COB: Cy2016 Expense Code 342-10 Budget: fiss (Glob 2-13) Remarks:		
CONFORME:	L. OCTO/ES	

KOBEYIU NI. MOSTUL

DATE RECEIVED COPY OF J.O.

SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE