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)

CASA ENZO AUTOMOTIVE SERVICE CENTER

Supplier:

SIGNATURE OVER PRINTED NAME

OF SUPPLIER/ REPRESENTATIVE

Work Order No.: JO-16-012

DATE RECEIVED COPY OF J.O.

Supplier:		737 NATIONAL ROAD SAN JUAN CITY OF SAN FERNANDO PAMPANGA (045) 963-9378			Date: February 24, 2016 Term of Payment: 15 days	
Address:						
Tel./ Fax No.: Supplier Registered with:		PHILHEALTH		Mode of Procurement:	Small Value Procurement	
Ple	ase deliver to this	Office within	15 working Days from receipt of final proof.			
NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT	
110.	1	lot	Change Oil and Tune Up	4,445.00	4,445.0	
			**********Nothing Follows*******			
					•	
			(Preventive Maintenance: SHY-900, Toyota Grandia)			
Condition			P.R. #: R3-16-052	TOTAL AMT.	PHP 4,445.0	
5. Delivery	receipts, should by shall be made or tion in such cases	nly on MONDA	'S to THURSDAYS not later than 3 P.M. except for emerger	ncy cases wherein prio	r	
			Very truly yours,			
ş			DANILO M. REYNES, M.D. M. Chief, Management Services Division			
Certified Budget Available:			Funds available in the amount of 4,445.00	AF	PPROVED	
WILLIEANNE D. CAYACO Fiscal Controller III Within the COB: CY2010			ANGELITAS. REYES Fiscal Controller IV	OIC, Vile-President PRO HI 2		
Expense Coo Budget: Remarks:	de 847-00	Stop 2-13)				
C	ONFORME:	P			9	
	Halis	fr Dean	FD	3.9.70	L	