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)

	CENTER	Work Order No.: JO-10-015
Supplier:	CASA ENZO AUTOMOTIVE SERVICE CENTER	Date: February 24, 2016
Address:	737 NATIONAL ROAD SAN JUAN CITY OF SAN FERNANDO PAMPANGA	Term of Payment: 15 days
Tel./ Fax No.:	(045) 963-9378	Mode of Procurement: Small Value Procurement
Supplier Registered with:	PHILHEALTH	Wode of Procurement. Small Called

Please deliver to this Office within

15 working Days from receipt of final proof.

		LINUT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
NO.	QTY.	UNIT	Change Oil and Tune Up	4,295.00	4,295.0
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			********Nothing Follows********		
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			(Preventive Maintenance: SHV-122, Toyota Innova)		\bigcirc
		1	P.R.#: R3-16-036	TOTAL AMT.	PHP 4,295.

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

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Certified Budget Available:	Funds available in the amount of 4,295.0	APPROVED
WILLIEANNE D. CAYACO Fiscal Controller III Within the COB: Expense Code Budget:ASS (.St 0, 2 13) Remarks:	ANGELITA S. REYES Fiscal Controller IV	DUITA V. TULIAO, CESO V <u>LOUITA V. TULIAO, CESO V</u> <u>CIC</u> , Vice President PRO JII 2,
CONFORME: Ha Jin Bin Ma SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		J - 4 - 16 DATE RECEIVED COPY OF J.O.