



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

JOB ORDER

(Non-Inventoriable Items)

	JD MECHANICS AUTOMOTIVE SHOP CO.	Work Order No.: JO-16-014
Supplier:		Date: February 24, 2016
Address:	LAZATIN BLVD. VILLA VICTORIA DOLORES CITY OF SAN FERNANDO PAMPANGA	
Tel./ Fax No.:	(045) 963-9578	Term of Payment: <u>15 days</u> Mode of Procurement: Small Value Procurement
Supplier Registered with:	PHILHEALTH	Mode of Procurement: Small value Procurement

Please deliver to this Office within _____ 15 working Days _____ from receipt of final proof.

	OTV	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
NO.	QTY.			800.00	800.00
	1	lot	REPLACEMENT OF BRAKEPAD		1,100.00
	1	set	DISC PAD FRT	1,100.00	
	2	pcs.	DISC ROTOR REFACE	800.00	800.00
	- 1	set	BRAKE SHOE REAR	1,800.00	1,800.0(
	2	pcs.	DRUM BRAKE REFACE	800.00	800.00
	-		*********Nothing Follows********		
			r		
			<i>r</i>		
			(Repair and Maintenance of Toyota Innova, SLD-669)		(and the second s
1 e 1		1	P.R. #: 16-018-R3B	TOTAL AMT.	PHP 5,300.0

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

40.044

 Certified Budget Available:	Funds available in the amount of 5,300.00	APPROVED
WILLIEANNE D. CAYACO Fiscal Controller III Within the COB: Expense Code Budget: Remarks:	ANGELITA SJREYES Fiscal Controller IV	Un, Lu LOLVTA V, TUTHAO, CESO V OIC, Vice President PRQ III 2/2
SIGNATURE OVER PRINTED NAME		March 416 DATE RECEIVED COPY OF J.O.