

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)

Supplier: FEDDAIRE SALES & GENERAL SERVICES Work Order No.: JO-16-017  
Address: 117 PENDER EAST TAPINAC OLONGAPO CITY Date: March 4, 2016  
Tel / Fax No.: (047) 224-8276 / 611-0503 Term of Payment: 15 days  
Supplier Registered with: PHILHEALTH Mode of Procurement: Small Value Procurement

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

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	5	lot	PREVENTIVE MAINTENANCE/CLEANING OF AIRCONDITIONING UNITS OF LHIO OLONGAPO (1ST TO 4TH QUARTER OF CY 2016)		
	1	lot	Split Type Aircon	700.00	3,500.00
	1	lot	Window Type Aircon	400.00	400.00
	2	lot	Wall Mounted Aircon	700.00	700.00
			Air Curtains	400.00	800.00
			*****Nothing Follows*****		x 4 qtrs.
P.R. #: 16-16-OC				TOTAL AMT.	PHP 21,600.00

Conditions:

- 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.
- Render your bills in triplicate copies including the original.
- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
- 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,

*Dmr*  
**DANILO M. REYNES, M.D.**  
Chief, Management Services Division

Certified Budget Available:	Funds available in the amount of <b>21,600.00</b>	APPROVED
<b>WILLIEANNE D. CAYACO</b> Fiscal Controller III	<b>ANGELITA S. REYES</b> Fiscal Controller IV	<b>LOLITA V. TULIAO, CESO V</b> OIC, Vice-President PRO III
Within the COB: <u>042016</u> Expense Code: <u>842-10</u> Budget: <u>ASS-05126 R-13</u> Remarks:		
CONFORME:		
<b>VERNA VAWOA</b> SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		<u>3/16/16</u> DATE RECEIVED COPY OF J.O.