



**JOB ORDER**  
(Non - Inventoriable Items)

OFFICE/DEPARTMENT: MSD-GSU

Supplier: MIT-TOYO PARTS CENTER INC. Work Order No.: 2016-001  
Address: 40 Banawe St., Quezon City Date: 01/12/16  
Tel. Fax No.: (02) 7409645 Term of Payment: COD  
Supplier Registered with: SEC Mode of Procurement: NPSV

Please deliver to this office within 7 days upon approval.  
Note: Additional N/A working days to submit for approval of text / sample.



NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
			Materials for the repair of Toyota Commuter SJX 829.		
			MATERIALS		
	2	pcs.	Radiator and auxilliary fan motors	5,300.00	10,600.00
			Less Taxes: VAT 5%	473.21	
			EWT 1%	94.64	567.85
					10,032.15
			<b>NET TOTAL:</b>		<b>10,032.15</b>

**Terms & Conditions:**

- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Job Order (J.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative either through fax or e-mail.
- Delivery of the above item/s shall be made within the prescribed schedule dates. Suppliers are advised to inform Procurement Section at least two (2) days before the delivery.
- All item/s shall be delivered and accepted by the Procurement Section at PRO IV-A, Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
- In case the series of layout/design presented by the supplier does not satisfy the end-user, the Corporation has the right to cancel the Job Order (JO).
- Payment shall be made in full subject to corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

Very truly yours,

**MIGUEL T. MACALINAO**  
Division Chief, MSD

Certified Budget Available: Funds Available in the amount of: <u>10,600</u>		APPROVED:
<b>ERLYN V. ROJAS</b> Fiscal Controller II	<b>FELICIANA O. PASTORPIDE</b> Fiscal Controller IV	 <b>EDWIN M. ORINA, MD</b> OIC, PRO IVA
With in the COB: <u>2016-COB</u>		
Expense Code: <u>847-00</u>		
Budget: <u>10,600.00</u>		
Remarks:		
Received copy of J.O. on _____ Date _____		CONFORME:  <b>SIGNATURE over Printed Name of Supplier / Representative</b>