



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-B
Caedo Commercial Center, Calicanto, Batangas City

POMM-P- 007

JOB ORDER

(Non - Inventoriable Items)

Supplier: MT. SINAI Refrigeration & Airconditioning Services
Address: Banaba West, Batangas City
Tel. Fax No.: (043) 402-9324 / 0916-425-1569
Supplier Registered with: _____

Work Order No.: 16-02-01
Date: February 16, 2016
Term of Payment: on account
Mode of Procurement: SMALL VALUE PROCUREMENT

Please deliver to this office within 10 days upon approval of final sample.
Note: Additional _____ working days to submit for approval of text / sample.

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	1	LOT	KOPPEL 5TR (11-ACU-035)		
2	1	LOT	REPLACEMENT OF HONEYWELL SWITCH	1,800.00	1,800.00
			LABOR	350.00	350.00
3	1	LOT	CARRIER 5TR (09-ACU-029)		
			RECHARGING OF FREON	2,500.00	2,500.00
4	1	LOT	KOPPEL 3TR (11-ACU-038)		
5	1	LOT	REPLACEMENT OF FAN CAPACITOR	950.00	950.00
6	1	LOT	REPLACEMENT OF HONEYWELL SWITCH	1,800.00	1,800.00
			LABOR	350.00	350.00
7	1	LOT	CARRIER 2.5HP (08-ACU-017)		
			LEAK REPAIR AND RECHARGING OF FREON	2,500.00	2,500.00
			nothing follows		
			Less: WVAT 5%	457.59	
			EVAT 2%	183.04	640.63
			per PR # 2016-01-44 dated January 28, 2016		
			TOTAL		9,609.37

Terms & Conditions:

1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
2. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
4. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
5. In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Deliveries should be made within office hours on working days on or before the date stipulated in the PO.

Very truly yours,

ARACELI L. LAINEZ
DIVISION CHIEF IV - MSD

Certified Budget Available: <u>RICHELE M. CORONEL</u> FC III/Budget Officer Designate	Funds Available in the amount of: <u>₱ 10,250.00</u> <u>CATALINA R. AMATUS</u> Fiscal Controller IV	APPROVED: <u>PAOLO JOHANN C. PEREZ</u> REGIONAL VICE PRESIDENT Date Approved: <u>2/24/16</u>
With in the COB: <u>2016 MODE</u> Expense Code: <u>842-10</u> Bdget: <u>₱ 10,250.00</u> Remarks: <u>DBL# 2016-02-00154</u>	Conforme: <u>JANRY M. AUELANO</u> <u>TECHNICIAN</u> Signature over Printed Name and Position of Authorized Representative	<u>MARIT 02, 2016</u> Date