



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: REY UPHOLSTERY
Address: Brgy. 9 Payompon, Mamburao, Occidental Mindoro
Tel. Fax No.:
Supplier Registered with:

Work Order No.: 16-03-02
Date: 3/7/2016
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	FOR SERVICE VEHICLE NISSAN FRONTIER 1999 Roof Upholstery **nothing follows** * For OCCIDENTAL MINDORO LHIO Less: WVAT 5% 156.25 EVAT 2% 62.50	3,500.00 TOTAL	3,500.00 3,500.00 218.75 3,281.25
TOTAL			*per PR # OCMSO 16-01-002 dated January 4, 2016		

Terms & Conditions:

1. 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.
2. 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.
3. Delivery of the above item/s shall be made within the prescribed schedule dates. Suppliers are advised to inform General Services Unit at least two (2) days before the delivery. All item/s shall be delivered and accepted by the General Services Unit.
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
5. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
6. 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).
7. 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,

ARACELI J. 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>3,500.00</u> <u>CATALINA R. AMATUS</u> Fiscal Controller IV	APPROVED: <u>PAOLO JOHANN C. PEREZ</u> REGIONAL VICE PRESIDENT Date Approved: <u>3/15/16</u>
With in the COB: <u>2016 MODE</u> Expense Code: <u>847-00</u> Bdget: <u>3,500.00</u> Remarks: <u>Order # 2016-03-00100</u>	Received copy of J.O. on <u>3/18/16</u> Date	CONFORME: <u>REYNALDO M. BATHIA</u> Signature over Printed Name of Supplier / Representative