

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE VIII
PhilHealth Building 2, Burgos St., Tacloban City, Leyte
Tel. Nos. (952) 523-8283; 325-3563

SBAC-PS-14

JOB ORDER

(Non-Inventoriable Items)

| Supplier | MR. | WOK FOO | D HOUSE | Job Order No.: | Job Order No.: 16-02-08 | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|--|
| Address | dress ABGAO, MAASIN CITY | | | | Date: 2/18/2016 | | |
| Tel. Fax. No. (053) 570-9299 | | | | Terms of Payment: | Terms of Payment: | | |
| Supplier | Registered | d with: | | Mode of Procurement: | | | |
| | -1 1 | | 2 | CLA upon approval of the following. | | | |
| | Please de | eliver to thi | s office within | upon approval of the following. | | | |
| NO. | QTY | Note: | | SERVICE DETAILS | UNIT | TOTAL | |
| | , | | | | PRICE | AMOUNT | |
| | ₹ 25 | PAX | MEALS | www.nathing.follows.vvv | 200 | 5,000.00 | |
| | | | | xxx nothing follows xxx | | | |
| | | | Venue: Maasin LHIO | | | _ | |
| | | | Schedule: February 19, 2 | 2016 | | | |
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| | | | Purnose: f | for the conduct of ACAs Forum for CY 2016 | | | |
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| | | | The second the case and the second | | | 5,000.00 | |
| | | | | LESS: | | 5,000.00 | |
| | | | | FWVAT 2% 100.00 | - 1 mm x mm | | |
| | 9.0043 | 14 0.000 | | EWT 3% 150.00 | | 250.0 | |
| | | | | | | 4,750.00 | |
| | | | PR # 16-02-035 dtd 02/1 | 17/2016 | 11.5 | | |
| | & Condit | | | | | L | |
| 2 If the d through 3 Deliver 4 Deliver 5 Defecti 6 The con No Phil anytim | ate of the reconstance of the above y of the above y Receipt and live, incompation intracting participation of the illesith persons to on or off the ate on or off the ate on or off the ate on or off the ate or or off the ate or or off the ate or ate ate ate ate ate ate ate ate | eipt of the Job or tem(s) shall be Sales Invoice shall ble or non-comp tes undertake to noel shall solicit, work premises | rder (JO) by the dealer is not indicated, made within the prescribed schedule of all be required for one-time complete colliant of goods as to specification when comply with Office Order No. 0018-20 demand, or accept, directly or indirect | quoted shall be rejected and returned at the time of delivery. With provision for a 15 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1)" which is deemed it by, any gift from any person, group or association or juridical entity, whether from the fofficial duties or in connection with any transaction which may affect the function neterst. Very truly yours, | back-up unit in ca neceporated into ti he public or private | se of repair. his contract. o sector, at influence the | |
| Cer | tified Budge | t Available | Funds Available in t | he amount of: APPROVED: L | | | |
| BENJA | MMIN N. G Fiscal Exa OB: Code: | ABJONELES, JR | | LEVIE C. VILLEGAS Fiscal Controller II) Regio Date Approved | na Vice Presi | | |
| | | | | 777 | 0 | | |
| Receiv | ed copy of JO | 1 1 nous - | shola Pun | CONFORME: | Span | · L | |
| | | Domo | man cyloff | | John M. Nupplier/Represent | 7 | |