

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE.
PHILHEALTH REGIONAL OFFICE VIII
PhilHealth Building 2, Burgos St., Tacloban City, Leyte
Tel. Nos. (053) 523-8283; 325-3563

SBAC-PS-14

JOB ORDER

(Non-Inventoriable Items)

Supplier	TOYO	TOYOTA TACLOBAN, LEYTE INC.					Job Order No.:	16-04-04	
Address	Brgy. Naga-Naga, Tacloban Ctiy						Date:	4/4/2016	
Tel. Fax. No. (053) 321-8828; 325-2222						Te	erms of Payment:	On credit	
Supplier	Registered	with:				Mode	of Procurement:	NP-SVP	
	Please de	liver to thi	s office within7	Wor	upon approv	al of the	following.		
		Note:		many S.S. S. S. S. S. San				LINUT DDICE	TOTAL
NO.	QTY	UNIT	SERVICE DETAILS					UNIT PRICE	TOTAL AMOUNT
		lot	PREVENTIVE MAINTENANCE FOR MOTOR VEHICLE (TOYOTA INNOVA PLATE NO. YA					12,322.55	12,322.55
T _B	1		Scope of Work:					12,322.33	12,322.33
			60,000 km check up	Scope of	VVOIK.				
	Change oil and oil filter replacement Perform Air Care (Aircon Repair) xxx nothing follows xxx								
								1	
			AAA HOUHING JOHOWS AAA						
									12,322.55
3	LESS:								
					FWVAT	5%	550.11		
					EWT	2%	220.05		770.16
									11,552.39
			RIV # 16-03-50 DTD 03/30/2016						
Torme	& Conditi	one:							
			amount equivalent to 1/10 on one (1%) percent of the total val	ue of undelivered ord	ler for each da	y of delay as liquidated	d damages.	
			der (JO) by the dealer is not indicated, i						her
	h fax or e-mail.		act (30) by the addler to not material,						
			made within the prescribed schedule da	ates. All item(s) shall be o	delivered and accepte	d by the GSU	at PhilHealth Building 2	, P. Burgos St., Taclob	oan City
			all be required for one-time complete de						
5 Defecti	ive, incompatib	le or non-comp	liant of goods as to specification when o	uoted shall be rejected	and returned at the ti	me of delivery	. With provision for a	back-up unit in case o	of repair.
6 The co	ntracting partie	es undertake to	comply with Office Order No. 0018-201	5 entitled "Reiteration of	PhilHealth No Gift Po	olicy (Revision	1)" which is deemed in	corporated into this	contract.
No Phi	lHealth person	nel shall solicit,	demand, or accept, directly or indirectly	, any gift from any perso	n, group or associatio	on or juridical	entity, whether from th	ne public or private se	ctor, at
			where such gift is given in the course of		ection with any transa	action which n	nay affect the function	s of their office or infl	uence the
actions	of directors o	r employees or	create the appearance of a conflict of in	terest.				L	
					Very truly	yours,		/-	
DERWIN								N WINDELL SU	PREMO
								AO IV/O/C, MSD	
Cer	tified Bu dge	t Ay⁄ailable	Funds Available in th	e amount of:			APPROVED:		
	1)			el a				. /	
BENJAMIN N GABRIELES, JR. LEVIE C. VILLEGAS								1/	
Fiscal Examiner A Fiscal Controller III 444 WAL								LTER R. BACAR	EZA
Within COB:								ional Vice Presid	lent
Expense	Code:						Date Approve	ed:	
Budget:	1							0	
Remarks	<u> </u>					/		\sim	
Receiv	red copy of JO:		4/15/2016		CONFORME:		Prost	Em OV	M
		dated:	1113 1 -016		-	Print	Name and Signature of	f Supplier/Representa	ative)