

Hereby approved
(Name and Signature)

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
2nd and 3rd floor, BG Investment Corporation Bldg. Gov. Lim Ave.
Zamboanga City
Telephone No. (062) 992-3569
Fax No. (062) 992-2739

Job Order

Supplier: MIGGS Ref & Aircon Services Center

Address: Dipolog City

Tel/Fax No.: _____

Supplier Registered with: NON-VAT

TIN: 931-612-982-00

Please deliver to this office within 15 working days from receipt hereof the following:

P.O. No.: 16-05-006

Date: May 12, 2016

Mode of Procurement: Negotiated Procurement-SMV

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	6	units	Cleaning of 3-Tonner Floor Mounted Aircon ***** Nothing Follows ***** Less: 3% WHT	550.00	3,300.00 3,300.00 99.00 3,201.00

Conditions:

1. The agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each of the delay as liquidated damages.
2. Render your bills in triplicate copies including the original.
3. If the date of receipt of the P.O. by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the P.O.
4. For imported items, IMPORTANT DOCUMENTS specially showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
5. In case of return, all expenses shall be shouldered by the supplier to and from (freight & other incidental expenses)
6. No cancellation is allowed upon serving of P.O.

The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1)" which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or juridical entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.

Very truly yours,

Funds Available in the amount of:

PHP 3,300.00

ROSEMIN E. DAMSID
Fiscal Controller IV

MARIA JOY A. FABELLA
Division Chief IV, MSD

Prepared by:

ERWIN R. SUFICIENCIA
Administrative Officer I

APPROVED:

ROMEO D. ALBERTO
Regional Vice President
(Or Authorized Representative)

CONFORME:

MARLENE B. RENDON
Print Name and Signature of
Supplier/Representative

Received copy of P.O. on 5/23/16

By: [Signature]