

REPUBLIC OF THE PHILIPPINES  
**Philippine Health Insurance Corporation**  
 709 CityState Center Bldg.  
 Shaw Blvd. Brgy. Oranbo, Pasig City  
 TeleFax: 637-3158 637-4735

SBAC-PS-14

**JOB ORDER**  
 (Non-Inventoriable Items)

Supplier: **POWER HOUSE PEST CONTROL SERVICES** Job Order No.: **17-05-057**  
 Address: **2242 B. Fernandez St. Gagalangin, Tondo Manila** Date: **May 17, 2017**  
 Tel/Fax No.: **308-4248 354-4615** Terms of Payment: **On Account**  
 Supplier Registered with: **PHILHEALTH** Mode of Procurement: **Small Value Procurement**

Please deliver to this office within as per schedule upon approval of the following

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	9	months	<b>ONE (1) LOT PEST &amp; TERMITE CONTROL SERVICES FOR (9) MONTHS</b>	55,377.70	55,377.70
			for: 1. Records Warehouse (Rosario, Pasig) 2. Motorpool (Pinagbuhatan, Pasig) 3. Supply Warehouse (Pinagbuhatan, Pasig)		55,377.70
			LESS: EWT 2% 988.89 ✓ GMP 5% 2,472.22 ✓		3,461.11
					<b>51,916.59</b>
			PR # 17-0321 dtd. 04/20/17 FRID		

**Terms & Conditions:**

- 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.
- 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 acknowledge to have been received by a representative either through fax or e-mail
- Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the PBMD at 15th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled (Retiteration of Philhealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or 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 which 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.
- Warranty Security of 1% of gross amount (Section 62, Warranty of 2016 Revised IRR of RA 9154).

Very truly yours,

*ELY E. ROXAS*

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php55,377.70	APPROVED:
<i>Corazon M. Tabulad</i> CORAZON M. TABULAD Fiscal Controller IV	<i>Lynne S. Arcenas</i> LYNNE S. ARCENAS Fiscal Controller III	₱ 55,377.70	<i>ELY E. ROXAS</i>
Within the COB: 2017	Expense Code: 844-02-113	ABCM 2017-03-076	HEAD OF THE AGENCY or Authorized Representative
Budget: 472,133.20 (2017)	Remarks: <i>Power house pest control services for 9 months as per contract</i>		<i>Ann M. Reyes</i> Print Name and Signature of Supplier/Representative
Received copy of J.O on _____		CONFORME:	

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SBAC-PS-14

**J O B O R D E R**  
 (Non-Inventoriable Items)

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 Address: 2242 B. Fernandez St. Gagalangin. Tondo Manila  
 Tel.Fax No. 508-4248 354-4615

Job Order No.: **17-05-057**  
 Date: May 17, 2017  
 Terms of Payment: On Account

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	9	months	<p style="text-align: center;"><b>ONE (1) LOT PEST &amp; TERMITE CONTROL SERVICES FOR (9) MONTHS</b></p> <p>For:</p> <p>1. Records Warehouse (Rosario, Pasig)                      2. Motorpool (Pinagbuhatan, Pasig)                      3. Supply Warehouse (Pinagbuhatan, Pasig)</p> <p style="text-align: right;">LESS:</p> <p style="text-align: right;">EWT 2% 988.89                      GMP 5% 2,472.22</p> <p>PR #                      17-0321 dtd. 04/20/17 PRID</p>	55,377.70	55,377.70
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Very truly yours,

**ELY E. ROXAS**

Administrative Officer III

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<p><b>CORAZON M. TABULAO</b> Fiscal Controller IV</p> <p><b>LYNIE S. ARCENAS</b> Fiscal Controller III</p>			
Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____			HEAD OF THE AGENCY or Authorized Representative
CONFORME:			
Received copy of J.O on _____		Print Name and Signature of Supplier / Representative	