REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation 709 CityState Center Bidg. Shaw Blvd. Brgy. Oranbo, Pasig City

TeleFax: 637-3158 637-4735

SBAC-PS-14

17-05-057

Job Order No.:

					2 Q B	ORE	ER
				1	Non-Irk	rentoriable	Items)
OWFE	HOUSE	PEST CO	NTRO	LSERV	CES		

Address 2242 B. Fernandez St. Gagalangin. Tondo Manila Tel.Fax No. 508-4248 354-4615					Date: Terms of Payment:	May 17, 2017 On Account	
Supplier Registered with: PHILHEALTH			Mox	de of Procurement:	Small Value Procurement		
Plea	se deliver	to this o	ffice within as per sched	ule	upon ap	proval of the f	ollowing
NO.	QTY	UNIT	SERVICE DETAIL	5		UNIT PRICE	TOTAL AMOUNT
	•	months	ONE (1) LOT PEST & TERMITE CONTRO MONTHS	OL SER	IVICES FOR (9)	55.377.70	55.377.70
			For: 1, Records Worehouse (Rosario, Pasig) 2, Materpool (Pinagbuhatan, Pusig)				
			3, Supply Warehouse (Pinagbuhotan, Parig)				55.377.70
			LESS. EW GM	/1 2% F 5%	988.89 / 2.472.22 /		3,461.11
			PR # 17-0221 clid. 04/20/17 FRID				51,916.59

- 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

- 1. The agency shell impose penelty 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 acknowledge 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. 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 s.m. and 1:30 to 3:00 p.m. during Mont/Ved/Fri (MWF). All item(s) shall be delivered and accepted by the PBMD at 15th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.

 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 retired at the itime of delivery. With provision for a back-up unit in case of repair.

 6. The contracting parties undertake to comply with Office order No. 0018-2015 entitled (Relteration of Philiheath No Gift Policy (Revision 1) which is deemed incorporated. Into this Contract. No Philheath personnel shall solicit, demand, or eccept, directly or indirectly, any gift from any person, group or association, or juridical entity, wifether 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.

 7. Warranty Security of 1% of gross amount (Section 62, Warranty of 2016 Revised IRR of RA 9184).

		ELY E. ROXAS Administrative Officer III			
Certified Budget Available:	unch Available in the amount o	e: Php55,377.70	APPROVED:		
CORAZON M. TABULAC		YHIE S. ARCENAS (Why tel Even 1/15		
Fiscal Controller IV		iscal Controller III			
Within the COB: 1-51	1	\$ 14,371.70	HEADET WE ACESTLY &		
turker of to 1300. Its	1 P MP		or afilhorized fleoreship lative V		
17 h luc 1/2		(0)	NFORME: 12/13/1		
Received copy of J.O on			Print Name and Signature of Sumbur Representative		



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-I	nventoriable Items)			
Supplier	Supplier POWER HOUSE PEST CONTROL SERVICES					Job Order No.:	Job Order No.: 17-05-057		
Address					Date:	May 1	17, 2017		
Tel.Fax No	o. <u>508</u> -	-4248 354	1-4615			Terms of Payment:	On Account		
Supplier Registered with: PHILHEALTH Mo					Mode of Procurement:	Small Value	Small Value Procurement		
Pleas	e deliver	r to this o	office within	as	per schedule	upon ap	proval of the f	ollowing	
NO.	QTY	UNIT		SERV		UNIT PRICE	TOTAL AMOUNT		
	9	months	ONE (1) LO		NITE CONTROL S MONTHS	ERVICES FOR (9)	55,377.70	55,377.70	
	,		For:						
			1. Records Wareh	nouse (Rosario, P	asig)				
			2. Motorpool (Pind	•					
			3. Supply Wareho	-	-				
			0. 25/2-7	000 (101., 1 22.9,			55,377.70	
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	,		1		LESS:				
	ļ		1		EWT 29	6 988.89			
	I				GMP 59			3,461.11	
	I		1					51,916.59	
			PR # 17-0321 dtd.	04/20/17	PRID				
day of the 2. If the da have been 3. Delivery at least to (MWF). 4. Delivery 5. Defective With profession and where so their official to the control of the	ne delay a te of receiven receiven for the above (2) da All item(some receipt and the composition for the	as liquidate eipt of the copy ed by a re pove item(sous before sous shall be and Sales patible or r r a back-up parties und incorporate group or a sous given in the	ed damages. Job Order (J.O.) by epresentative eithers) shall be made we the delivery. Use of delivered and access Invoice shall be re- non-compliant of grounit in case of re- dertake to comply we ded into this Contral association, or jurid the course of official actions of directors	by the dealer is not through fax or within the prescript of elevator shall be pted by the PS equired for one-toods as to special pools. With Office order act. No Philhealt dical entity, whet all duties or which or employees,	not indicated, it sha e-mail ibed schedule date only be from 09:00 SMD at 15th Floor, time complete deli- cification when quo r No. 0018-2015 er th personnel shall st ther from the public ch in connection w or create the appe	percent of the total value of th	to inform Procui to 3:00 p.m. du tr. Bldg., Pasig of d returned at the ilhealth No Giff F ot, directly or ind ytime, on or off the may affect the	s acknowledge to rement Section uring Mon/Wed/Fri City. e time of delivery. Policy (Revision 1) directly, any gift the work premises	
						Ε	LY E. ROXAS		
						Admin	istrative Officer	III	
Certified Budg	get Available	e:	Funds Available in the	amount of:	Php55,377.70	APPROVED:	···		
	Fiscal Cor	M. TABULA		LYNIE S. A	ARCENAS ntroller III				
Within the CO Expense Code Budget: kemarks:						l l	AD OF THE AGENCY orized Representat	ive	

CONFORME:

Received copy of $J.0\ on$

Print Name and Signature of Supplier/Representative