

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

JOB ORDER

(Non - Inventoriable Items)
OFFICE/DEPARTMENT: PRO 1

Address: Urdaneta City					ork Order No.: 2017-23	
					7/1/2017	
				Term of Payment:		
Supplier R	legistered wi	th:	102-677-416-000 V	ode of Procurement:	Negotiated Procurement	
					Small Value Procuremen	
Note: /			ice within <u>1-3 working days</u> upon approval of final sample days to submit for approval of text / sample.	2.		
NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT	
	2	units	Labor and materials for the replacement of capacitor for Unit and HR Unit	Cashier	3,200.00	
	1	set	Labor and materials for the replacement of Terminal Clip			
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	кхххх		
			Less: TAX			
			VAT (5%/1.12)		142.86	
			PR No. 17-0525-0291 / 17-0616-0305	Total - Net of		
			Requesting Unit: Cashier Unit and HRU	Tax	3,057.14	
Terms & Con	LI	······································			4	
5. Defective, 6. In case the lob Order (JO 7. Payment s	incompatible or e series of layout O).	r non-complian /design presen full subject to c	· / /	e right to cancel the		
			(L. K. 7/5			
	(MARICAR M. ARZAD		
~ .: C . I I) l	-1	FC IV / OIC-ASS	MO VII / MSD C		
Conified I 1944 IOSE A. 1	Budget Availat	ole:	Funds Available in the amount of 1/2 1/10 1/11 EDWARD Q. ESPIRITU	APPROVED) B. DEL ROSARIO, JR.,MBA,CSEE	
Fiscal Con	- { M i∧		OIC-FMS	<u></u>	of the Regional Vice President	
With in the C Expense Coo Bdget: Remarks:	COB: 2	AAA NOLAAA		By the aut	hority of the OIC-ORVP	
				CONFORME:	11	
	Recevied copy	of J.O. on		MANUE		
			Date	Signa	ture over Printed Name	

INSTRUCTIONS ON HOW TO USE THIS FORM:

- 1. This form shall be used for the acquisition of services such as printing, renovation, etc.
- 2. This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
- 3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- 4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- S. This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- 6. This form shall be prepared in 3 coiples distributed as follows:

1 copy - PRID

1 copy - Comptrollership Dept.

el. al of the PO. sessing.

1 copy - COA Time:

of Supplier / Representative