

## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P- 007

Signature over Printed Name of Supplier / Representative

## JOB ORDER

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

Supplier:	GNS TIRE A	ND SERVICE	CENTER INC.	Work Order No.:	2017-28
Address: Lucao District, Dagupan City				Date:	7/7/2017
Tel. Fax No.: 523-0138, 515-6841, 523-9828 (fax)			15-6841, 523-9828 (fax)	Term of Payment:	: Charge
Supplier F	Registered w	ith:	006-016-737-000 V Mode	e of Procurement:	Negotiated Procurement
					Small Value Procurement
		er to this off		nal sample.	
Note: A	Additional	working (	days to submit for approval of text / sample.		
NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
<del></del>			Wheel and camber balancing and alignment for Toy	ota	
			Innova, SHU-882		
	4	pcs	Wheel Balancing	112.00	448.00
	4	pcs	Tire Valve	44.00	176.00
	350	grms	Wheel Wieghts	5.00	1,750.00
		8	2 Wheel Alignment w/ camber adjustment		1,680.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	x TOTAL	4,054.00
			Less: TAX		
			VAT (5%/1.12)		180.98
			PR No. 17-0628-0315	Total - Net of	2 072 02
			Requesting Unit: Motorpool Unit	Тах	3,873.02
All item/s s 4. Delivery f 5. Defective 6. In case th	shall be delivered Receipt and Sale e, incompatible the series of layou	if and accepted I s Invoice shall b or non-complian at/design preser	AM to 11:30 AM and 1:30pm to 3:00PM during Mon/Wed/Fri (MWF).  by the Procurement Section at 15th Floor, Room 1503 Citystate Ctr. Bldg. Pasi be required for one-time complete delivery of the goods.  Int of goods as to specification when quoted shall be rejected and returned at the delivery of the supplier does not satisfy the end-user, the Corporation has the right	the time of delivery. ht to cancel the Job Oa	
7. Payment	shall be made in	full subject to	correspondng government taxes within fifteen (15) working days upon receip	t of Certificate of Acce	ptence and Inspection Report.
			By the authority of the MSD Chief Very truly	yours,	
			$(\mathcal{M})$		
			<u>JANE C/RAGOS;</u> FC IV / OIC-ASS	ARICAR M. ARZADA MO VII / MSD C	
Certified I	Budget Availa	ble:	Funds Available in the amount of:	APPROVED:	M
1088	MONIDO		EDWARD Q. ESPIRITUMAL		D B. DEL ROSARIO, JR., MBA, CSE
l' '	ntroller I		OIC-FMS	<del></del>	DIC-ORVP, PRO1
l local (so.		a din	PHILHEALTH REGIONAL OFFICE I		•
With in the	COB:	Mita	COA 7/11/7		
Expense Co	ode:	MAN	JUL 14 2011		
Bdget:		1//////	Received By:		<del></del>
Remarks:		71/20 6	Time:		\
					College
	Recevied com	of IO on	07/13/17	CONFORME:	IR LOPEZ

Date