



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: GNS TIRE AND SERVICE CENTER INC.

Address: Lucao District, Dagupan City

Tel. Fax No.: 523-0138, 515-6841, 523-9828 (fax)

Supplier Registered with: 006-016-737-000 V

Work Order No.: 2017-36

Date: 8/10/2017

Term of Payment: Charge

Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within **1-2 days** upon approval of final sample.

Note: Additional      working days to submit for approval of text / sample.

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
			Periodic maintenance for Mitsubishi Strada, SLF-671		
			MATERIALS:		3,710.00
	7	ltrs	Motul multi power	450.00	3,150.00
	1	pc	Oil Filter C-306	560.00	560.00
			LABOR for change oil		340.00
			XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXX	TOTAL-L&M	4,050.00
			Less: TAX		
			VAT (5%/1.12)		180.80
			PR No. 17-0803-0363	Total - Net of Tax	3,869.20
			Requesting Unit: Motorpool Unit		

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.
- 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 acknowledged 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. Suppliers are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall be from 9:00AM to 11:30 AM and 1:30pm to 3:00PM during Mon/Wed/Fri (MWF).
- All item/s shall be delivered and accepted by the Procurement Section at 15th Floor, Room 1503 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.
- In case the series of layout/design presented by the supplier does not satisfy the end-user, the Corporation has the right to cancel the Job Order (JO).
- Payment shall be made in full subject to **PHILHEALTH REGIONAL OFFICE COA** within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

Received By: ae  
Time:     

Very truly yours,

MARICAR M. ARZADON, M.D.  
MO VII / MSD Chief

Certified Budget Available: Funds Available in the amount of: 1,050.00

JOSE A. MONES  
Fiscal Controller

EDWARD Q. ESPIRITU  
OIC-FMS

APPROVED:       
ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE  
OIC-ORVP, PRO1

With in the COB:

Expense Code:

Budget:

Remarks:

Received copy of J.O. on

8/10/17

Date

CONFORME:

JACKIE L. DEL ROSARIO  
Signature over Printed Name  
of Supplier / Representative