



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PQMM-P-007

JOB ORDER

(Non-inventoriable items)

OFFICE/DEPARTMENT: PRO 1

Supplier: WESTERN REFRIGERATION AND AIR CONDITIONING

Address: 37 Rizal St., Vigan City, Ilocos Sur

Tel. Fax No.: (077) 722-2764

Supplier Registered with: 158-204-365-000 V

Work Order No.: 2017-41

Date: 8/17/2017

Term of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 7 days upon receipt of JO 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
	4	units	Repair and maintenance of aircon units		
			General cleaning of aircon	2,000.00	8,000.00
			Replacement of capacitor	2,500.00	2,500.00
			XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXX	Total	10,500.00
			Less: TAX		
			VAT (5%/1.12)	468.75	
			EWT (2%/1.12)	187.50	656.25
			PR No. 17-0801-0360	Total - Net of Tax	9,843.75
			Requesting Unit: LHIO Ilocos Sur		

Terms & Conditions:

- The agency shall impose penalty in an amount equivalent to 1/50 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 (JO) 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 (MSW).
- 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 corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

By the authority of the MSD Chief

Very truly yours,

JANE C. BACOS
FCIV / ASS CHIEF

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

Certified Budget Available	Funds Available in the amount of: <u>10,500.00</u>	APPROVED:
<u>JOSELYN MONTE</u> Fiscal Controller	<u>EDUARDO Q. ESPERILL</u> CIC-FCMS	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE CIC-CRVP, PRO1
With in the C/OB		By the authority of the CIC-CRVP
Expense Code		<u>MARICAR M. ARZADON, M.D.</u> Medical Officer VII
Remarks		CONFIRMED: <u>MARICAR M. ARZADON</u> Signature over Printed Name of Supplier / Representative
Received copy of: O on	<u>Aug. 22, 2017</u> Date	

PHILHEALTH REGIONAL OFFICE I
COA
AUG 23 2017
Received By: AG
Time: _____