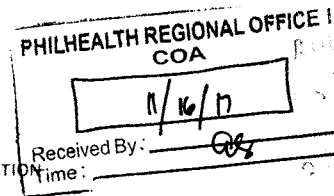


Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION



POMM-P-007

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

Supplier: HOBART ENTERPRISES
Address: Dagupan City
Tel. Fax No.: 522-2531
Supplier Registered with: 266-652-221-001 V

Work Order No.: 2017-54
Date: 11/7/2017
Term of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 1 week 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
	1	lot	Labor and materials for the check-up and repair of Generator Set at Warehouse xxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxxxxx Less: Tax VAT (5%/1.12) PR No. 17-0713-0341 Requesting Unit: GSU	6,000.00	6,000.00
				Total - Net of Tax	267.86
					5,732.14

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 damages.
- 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 corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

BY THE AUTHORITY OF THE

MARIMEL C. BRAVO
FISCAL CONTROLLER III

By the authority of the MSD Chief

JANE C. RAGOS
FC IV / ASS Chief

Very truly yours,

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

Certified Budget Available: _____ Funds Available in the amount of: _____		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU OIC-FMS	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-ORVP, PRO1
Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____		CONFORME: Hobart Lim Signature over Printed Name of Supplier / Representative
Received copy of J.O. on <u>7/12/2017</u> Date		