



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P- 007

**JOB ORDER**

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: DAGUPAN VILLAGE HOTEL  
Address: Lucao District, Dagupan City Pangasinan  
Tel. Fax No.: 523-3011/12  
Supplier Registered with: 932-092-789-000 V

Work Order No.: 2017-60  
Date: 12/7/2017  
Term of Payment: Charge  
Mode of Procurement: \_\_\_\_\_

Please deliver to this office within \_\_\_\_\_ 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
	2	room	Accommodation (twin bed @7days)  XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXX  Less: TAX VAT (5%/1.12) PR Nos. 17-1102-0514 Requesting Unit: Human Resources Unit	1,310.00      Total - Net of Tax	9,170.00      409.38  8,760.62

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  
MARICAR M. ARZADON, M.D.  
FISCAL CONTROLLER III

By the authority of the MSD Chief  
JANE C. RAGOS  
FC IV / OIC-ASS

Very truly yours,

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

Certified Budget Available:  JOSE A. MONES Fiscal Controller III	Funds Available in the amount of: <u>9,170.00</u>  EDWARD Q. ESPIRITU OIC-FMS	APPROVED:  ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-ORVP, PRO1
With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____	<div>PHILHEALTH REGIONAL OFFICE I COA 12-20-17 Received By: _____ Time: _____</div>	By the authority of the OIC-ORVP MARLENE D. SOLIBA MS IV/Chief AQAS
Received copy of J.O. on _____ Date		CONFORME: _____ Signature over Printed Name of Supplier / Representative

COA on Transfer  
12/6-8/17