



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

new
12/11/17

POMM-P- 007

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

Supplier: LIAM'S SCHOOL SHOPPE
Address: Arellano St., Dagupan City
Tel. Fax No.: 0907-057-6564
Supplier Registered with: 911-795-920-001 NV

Work Order No.: 2017-63
Date: 12/09/2017
Term of Payment: COD
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 7 days upon receipt hereof the following:.

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	1891	PAGE	Downsize copy of various Payroll Reports of Regular and Casual employees for CY 2016 xxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxx Less: TAX VAT (3%) PR Nos. 17-0621-0309 Requesting Unit: FMS	2.75	5,200.25
					156.01
				Total - Net of Tax	5,044.24

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.

THE AUTHORITY OF THE
LAURA F. BASA
SIO

By the Authority of the MSD Chief:

Very truly yours,

JANE C. RAGOS
FC IV/ASS Chief

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

Certified Budget Available:	Funds Available in the amount of: <u>5,200.25</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC II/OIC-PRO	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-ORVP, PRO1
With in the COB: <u>2017</u>	PHILHEALTH REGIONAL OFFICE I COA 12/27/2017 Received By: <u>Agz</u> Time: _____	BY THE AUTHORITY OF <u>JCR</u> Maricar M. Arzadon, M.D. Medical Officer VII
Expense Code: <u>001</u>		CONFORME <u>Melinda Rivera</u>
Bdget: <u>001</u>		Signature over Printed Name
Remarks:		of Supplier / Representative
Received copy of J.O. on <u>12/20/17</u>	Date	