Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P- 007

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: SOLIS APPLIANCE SERVICE CENTER
Address: Palamis, Alaminos City, Pangasinan
Tel. Fax No.: 632-4626
Supplier Registered with: 176-630-529-000 NV

Work Order No.: 2017-65
Date: 12/09/2017
Term of Payment: COD
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within 15 days upon receipt hereof the following:

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	1	unit	Repair of Television Set LG 32", S\N: 308VNCL0F027		1,500.00
			xxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxx		
			Less: TAX		
			VAT (3%)		45.00
			PR Nos. 17-1106-0523	Total - Net of Tax	1,455.00
			Requesting Unit: WPLHIO		

Terms & Conditions:

1. 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.
2. 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.
3. 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
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
5. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
6. 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 (J.O).
7. Payment shall be made in full subject to corresponding governmental taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

BY THE AUTHORITY OF THE
LAURA F. BASA
SIO II

By the Authority of the MSD Chief:
JANE C. RAGOS
FC IV/ASS Chief

Very truly yours,
MARICAR M. ARZADON, M.D.
MD VII / MSD Chief

Certified Budget Available:
JOSE A. MONES
Fiscal Coordinator III

Funds Available in the amount of: 1,500.00
EDWARD Q. ESPIRITU
FC IV/OIC-CMS

APPROVED:
ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE
OIC-DRVP, PRO1
BY THE AUTHORITY OF OIC, DVP
MARICAR M. ARZADON, M.D.
MSD Chief

PHILHEALTH REGIONAL OFFICE I
COA
DEC 15 2017
BY THE AUTHORITY OF

Wtih in the COB:	2017
Expense Code:	5 02 33 050 01
Budget:	
Remarks:	

Received By:
Time:

Received copy of J.O. on _____ Date

CONFORME:
Signature over Printed Name
of Supplier / Representative