Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P- 007

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO I

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

Work Order No.: 2017-68
Date: 12/09/2017
Term of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value 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
			Cleaning and maintenance of aircon units for the 4th quarter 2017		
	2	units	Floor Mounted Aircon	900.00	1,800.00
	3	units	Window Type Aircon	350.00	1,050.00
	1	unit	Wall Mounted	700.00	700.00
			xxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxx	TOTAL-L&M	3,550.00
			Less: TAX VAT (3%)		158.48
			PR Nos. 17-1110-0535 Requesting Unit: Western Pangasinan LHIO	Total - Net of Tax	3,391.52

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 (JO).
7. Payment shall be made in full subject to corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptence and Inspection Report.

BY THE AUTHORITY OF THE
LAURA F. RASA

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: 3,550.00
EDWARD Q. ESPIRITU
OIC-FMS

APPROVED:
ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE
OIC-ORVP, PRO1
BY THE AUTHORITY OF DR. RDR

With in the COB
Expense Code:
Budget
Remarks:

PHILHEALTH REGIONAL OFFICE
COA
DEC 15 2017
Received By: ay
Time:

Received copy of J.O. on ____________
Date

CONFORME:
MARICAR - ADMIN ASST
Signature over Printed Name of Supplier / Representative