

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

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

Supplier: **NAZARETH GENERAL HOSPITAL INC.**

Address: **Perez Blvd., Dagupan City**

Tel. Fax No.: **522-1110**

Supplier Registered with: **000-632-307-000 V**

Work Order No.: **2017-70**

Date: **12/19/2017**

Term of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within **December 19, 2017 - February 2018** 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
	110		Physical Examination	350.00	38,500.00
	110		Complete Blood Count (CBC)	180.00	19,800.00
	110		Urinalysis	80.00	8,800.00
	108		Chest X-Ray	600.00	64,800.00
	53		Lipid Profile	800.00	42,400.00
	50		Fasting Blood Sugar (FBS)	180.00	9,000.00
	1		HgbA1c	870.00	870.00
	9		Creatinine	180.00	1,620.00
	15		Blood Uric Acid	180.00	2,700.00
	38		ECG	400.00	15,200.00
	12		Mammography/Breast UTS	2,635.00	31,620.00
	53		Pap Smear	650.00	34,450.00
	1		SGOT/SGPT	500.00	500.00
	3		PSA	1,100.00	3,300.00
	1		TSH	700.00	700.00
			XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXX	TOTAL	274,260.00
				Less: 25% Discount	68,565.00
				Total - Net of Discount	205,695.00
			Less: TAX		
			VAT (5%/1.12)	9,182.81	
			EWT (2%/1.12)	3,673.13	12,855.94
			PR No. 17-1116-0540		
			Requesting Unit: Annual PHEX for Casual Employees in PRO 1	Total - Net	192,839.06

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 (J.O.).
- 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.

PHILHEALTH REGIONAL OFFICE
COA

1-4-18

Received By: PA
Time: _____

JOSE A. MONES
FISCAL CONTROLLER III

Very truly yours,

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

Certified Budget Available:	Funds Available in the amount of: <u>205,695.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD O. ESPIRITU FMS Chief	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-Office of the Regional Vice President
With in the COB:	BY THE AUTHORITY OF <u>JOSE A. MONES</u>	BY THE AUTHORITY OF THE OIC-RVP:
Expense Code:	<u>12/20/17</u>	<u>JOSEPHINE Q. C...</u>
Budget:	<u>12/20/17</u>	<u>DRASION CHIEF IV</u>
Remarks:	<u>12-20-17</u>	<u>EDWARD O. ESPIRITU</u>
Received copy of J.O. on:	Date:	CONFORME:
		Signature over Printed Name
		of Supplier / Representative

INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for the acquisition of services such as printing, renovation, etc.
- This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
- All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:

1 copy - PRID

1 copy - Comptrollership Dept.

1 copy - COA