

## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P- 007

## JOB ORDER

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

Supplier:	ISUZU PANGASINAN	l	Work Order No.:	2017-74
Address:	Dagupan City		Date:	12/27/2017
Tel. Fax No.:			Term of Payment:	Charge
Supplier R	egistered with:	000-201-284-00001 V	Mode of Procurement:	Direct Contracting

Please deliver to this office within 1-2 weeks upon approval of final sample.

Note: Additional working days to submit for approval of text / sample. UNIT SERVICE DETAILS UNIT PRICE **TOTAL AMOUNT** NO. OTY Periodic Maintenance of Isuzu Crosswind, CS 3648 (5,000 KM Check-up) **IGMO Engine Oil** 1,212.25 1 gal 1.212.25 IGMO Engine Oil 631.46 2 ltrs 315.73 1 Oil Filter 1,263.55 1,263.55 рс Differential Oil 2 587.06 ltrs 293.53 **Shop Materials** 30.91 30.91 TOTAL 3,725.23 Less: TAX VAT (5%/1.12) 166.30 EWT (1%/1.12) 33.26 199.56 Total - Net PR No. 17-1003-0463

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.

Requesting Unit: GSU

- 3. Delivery of the above item/s shall be made within the prescribed schedule dates. Suppliers are advised to inform Procurement Section at leat 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).

PHILHEALTH REGIONAL OFFICE I
COA

I-4- I%

Received By:

of Tax

3,525.67

7. Payment shall be made in full subject to co	orresponding government taxes within fifteen (15) working days upon receipt	
of Cortificate of Acceptence and Inspection R		ily yours,
MEL C. BRAVO CONTROLLEDIN		MARICAR M. ARZADON, M.D.O
Certified Budget Available:	Funds Available in the amount of: 3. 125 - 23	MOVII / MSD Chief  APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITUMOQUE	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-Office of the Regional Vice President
With in the COB:	RY THE AUTHORITY OF OUL FO	, -
Expense Code: Bdget:	mi plasto	
Remarks:	Jose A. Mones	DIMZION CHIEFIN
Recevied copy of J.O. on	12/29/17 Date	Signature over Printed Name
	Date	of Supplier / Representative

## INSTRUCTIONS ON HOW TO USE THIS FORM:

- ${\tt 1.\,This\,form\,shall\,be\,used\,for\,the\,acquisition\,of\,services\,such\,as\,printing,\,renovation,\,etc.}\\$
- 2. 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.
- 3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- 4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- 5. This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- 6. This form shall be prepared in 3 coipies distributed as follows: