

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P- 007

JOB ORDER

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

aaress:	84 Prado	Bldg., Arella	ano Bani, Dagupan City	Date:	12/27/2017
el. Fax No	ax No.: 523-5677 /		653-3254 Te	rm of Payment:	Charge
upplier R	egistered w	ith:	928-160-771-000 V Mode	of Procurement:	Negotiated Procurement
					Small Value Procuremen
			e within 30 days upon receipt of JO upon approval of final sample.		
Note: A	dditional	working day	ys to submit for approval of text / sample.		
NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	1	lot	Signage with installation in PRO 1, Dagupan City, Pang.		82,447.00
	Spe	ecifications:	* 3ft x 26ft Acrylic Build up Signage		
			* 6mm Polycarbonate (solid clear sheet) for base	}	
			* .88 GI sheet for back panel		
			* 1/8x1 Angle bar with frame assembly		
			* Aluminum frame for sidings	1	
			* 3mm Formosa Acrylic Colored for Letters	1	
			* TS LED Lights		
		İ			
	14/	. 3	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
		<u>/:</u> 2 years			
		ge parts and		3,680.67	
	1 year for	r LED Lights	EWT (2%/1.12)	1,472.27	5,152.94
		*		1	.,
		-	PR No. 17-1205-0577	Total - Net	
		penalty in an amou	PR No. 17-1205-0577 Requesting Unit: GSU unt equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each	of Tax	77,294.06
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Jose A. Mones

Fiscal Controller III

INSTRUCTIONS ON HOW TO USE THIS FORM:

Recevied copy of J.O. on

Bdget:

Remarks

- 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:

CONFORME

Signature over Printed Name of Supplier / Representative