Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

JOB ORDER

(Non - inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: LAOAG CITY GENERAL HOSPITAL
Address: Brgy. 46, Nalbo, Laoag City, Ilocos Norte
Tel. Fax No.: (077) 770-8826
Supplier Registered with: 160-162-496 V

Work Order No.: 2017-88
Date: 12/29/2017
Term of Payment: Charge
Mode of Procurement: Negotiated Procurement-Agency-to-Agency

Please deliver to this office within February 1-28, 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
	18		Physical Examination	150.00	2,700.00
	18		Complete Blood Count	175.75	3,163.50
	18		Urinalysis	66.50	1,197.00
	18		Chest X-Ray	190.00	3,420.00
	18		Lipid Profile	712.50	12,825.00
	18		Fasting Blood Sugar (FBS)	152.00	2,736.00
	1		Blood Uric Acid	152.00	152.00
	18		ECG	480.00	8,640.00
	3		Mammography /Breast UTS	1,345.00	4,035.00
	5		Pap Smear	76.00	380.00
			xxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxx	TOTAL	39,248.50
			Less: TAX		
			VAT (5%/1.12)	1,752.17	
			EWT (2%/1.12)	700.87	2,453.04
			PR No. 17-1213-0603 APP Amendment Batch 5 Requesting Unit: LHIO ILOCOS NORTE	Total - Net of Tax	36,795.46

Terms & Conditions

1. The agency shall impose penalty in an amount equivalent to 1/10 of 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 (JO) 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 items 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 items 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 Acceptance and Inspection Report.

PHILHEALTH REGIONAL OFFICE I
COA
1-18-18
Received By:
Time:

By the authority of the MSD Chief

JANE C. RAGOS
FC IV / ASS Chief

Very truly yours,

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

Certified Budget Available
Funds Available in the amount of 39,248.50

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FMS Chief

HCMO / ~~[illegible]~~ / STOB 10

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR.,MBA,CSEE
OIC-Office of the Regional Vice President

By the authority of the OIC-ORVP

JOSEPH [illegible] DBA
Division Chief IV

Received copy of J.O. on: 12 | 29 | 2017
Date

CONFORME:
IMELDA P. MALZO
Signature over Printed Name of Supplier / Representative

INSTRUCTIONS ON HOW TO USE THIS FORM:

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 copies distributed as follows:

1 copy - PRID   1 copy - Comptrollership Dept   1 copy - COA