

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1Supplier: NORTHSIDE DOCTORS HOSPITALAddress: Bantay, Ilocos SurTel. Fax No.: (077) 604-0474/0475Supplier Registered with: 420-435-190-000 VWork Order No.: 2017-92Date: 12/29/2017Term of Payment: ChargeMode of Procurement: Negotiated Procurement
Small Value ProcurementPlease deliver to this office within February 2-10, 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
	15		Physical Examination	300.00	4,500.00
	15		Complete Blood Count	200.00	3,000.00
	15		Urinalysis	100.00	1,500.00
	15		Chest X-Ray	230.00	3,450.00
	3		Lipid Profile	700.00	2,100.00
	3		Fasting Blood Sugar (FBS)	120.00	360.00
	1		Creatinine	130.00	130.00
	2		Blood Uric Acid	140.00	280.00
	3		ECG	300.00	900.00
	1		Mammography /Breast UTS	800.00	800.00
	9		Pap Smear	215.00	1,935.00
			XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXX	TOTAL	18,965.00
			Less: TAX		
			VAT (5%/1.12)	846.21	
			EWT (2%/1.12)	338.48	1,184.69
			PR No. 17-1212-0600 APP Amendment Batch 5	Total - Net	17,770.31
			Requesting Unit: LHIO Ilocos Sur Casual Employees	of Tax	

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 (JO).
- 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.

By the authority of the MSD Chief

Very truly yours,

JANE C. RAGOS
PC IW / ASS ChiefMARICAR M. ARZADON, M.D.
MO VII / MSD Chief

Certified Budget Available

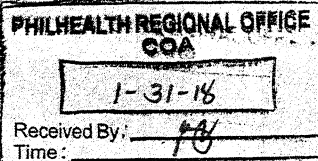
Funds Available in the amount of: 18,965.00JOSE A. MONES
Fiscal ControllerEDWARD O. ESPIRITU
FMS Chief

With in the CUB:

Expense Code:

Budget:

Remarks:



APPROVED:

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

By the authority of the (HMO) MO VII

JOSEPHINE ESQUIRO
HMO Chief

CONFORME:

EXPRESINA

TACANGCUPA

Signature over Printed Name
of Supplier / Representative

Received copy of J.O. on

12-29-17
Date

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