REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation
709 CityState Center Bldg.
Shaw Blvd. Brgy. Oranbo, Pasig City
TeleFax: 637-3158 637-4735

SBAC-PS-14

JOB ORDER

				(Non	-Inventoriable Item	s)		
Supplier SARDONYX TOURS AND TRAVEL						Job Order No.:	: 18-11-120	
Address						Date:	November 7, 2018	
Tel.Fax No.						Terms of Payment:	On Account	
Supplier Registered with: PHILHEALTH Mode of Procurem						Mode of Procurement:	Small Value Procurement	
Please deliver to this office within as per schedule upon appro							roval of the fo	llowing
NO.	уту	UNIT		SEF	RVICE DETAILS		UNIT PRICE	TOTAL AMOUNT
1	1	lot		60-SEATER BUS RENTAL			45,000.00	45,000.00
			Bayleaf Cavit	te, Governor'	s Drive, Brgy Ma Cavite	nggahan. Gen. Trias,		
			Pick-up: Cityst					
			Date: December 6, 2018 (06:00AM)					
			Date: Decembe					
			Pick-up: Rayle	Pasig				
	Pick-up: Bayleaf Cavite to Citystate Center, Pasig Date: Dec. 07, 2018 (09:00 AM)							
Note: Package must include of Driver, Fuel, Toll Be, Parking Fee,								
	Driver's Meals, TV, DVD and Mic. LESS:							
								45,000.00
EWT 5% 2,008								4 047 04
			PR#		GMP 5%	2,008.93		4,017.86
				d 10 <u>-04-</u> 18 9	lena I-QV			40,762.14
18-0515 dtd. 10-04-18 SVP-Legal								
day of the	y shall i delay as of receive receive the abo (2) day item(s) eceipt a incompa- sion for cting pa- emed in erson, gan gift is	impose pe s liquidate pt of the J ad by a repove item(s vs before t shall be o ind Sales atible or in a back-up arties und incorporate roup or as given in the	d damages. lob Order (J.O.) by presentative either or or or or order (J.O.) by presentative either or order	the dealer is not through fax or eathin the prescribe of elevator shall of pted by the PSM quired for one-tipods as to specificate. No Philhealth call entity, whether the properties of the pro	ot indicated, it shall e-mail sed schedule dates only be from 09:00 the foot of the foot o	d shall be rejected and returned (Reiteration of Philhealticit, demand, or accept, direr private sector, at anytime, any transaction which may ance of a conflict of interest truly yours,	day it was acknown Procurement to p.m. during N (g., Pasig City.) and at the time of the No Gift Policy actly or indirectly on or off the wo affect the functi	t Section lon/Wed/Fri of delivery. (Revision 1) , any gift ork premises
NI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							rative Officer III	
Certified Budget	Available	::	Funds Available in the	amount of:	Php45,000.00	APPROVED:		
Fiscal Controller III Within the COB: ZO 18 Expense Code: 502900550 Budget: 9 45,000 Remarks: 150 170 Characted 10 CSUP 1 EGIFL						MARY ANN A. MALINIS Head, SBAC HEAD OF THE AGENCY or Authorized Representative		

CONFORME:

11-09-18

Received copy of J.O on

VOSEPH CAPL ELEATONCE
Print Name and Signature
of Supplier/Representative