Signature over Printed Name of Supplier / Representative



Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P- 007

JOB ORDER

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

Supplier:					
Address: Lucao District, Dagupan City			Date:	3/26/2018	
Tel. Fax No	o.:	523-0138,	515-6841, 523-9828 (fax)	Term of Payment:	Charge
Supplier Re	egistered wi	th:	006-016-737-000 V	Node of Procurement:	Negotiated Procurem
					Small Value Procurer
			ice within <u>1 week</u> upon approval of final sample. lays to submit for approval of text / sample.		
Note. At		working c	ays to submit for approval of text / sample.		T
NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
			Repair and maintenance for Toyota Innova, SLD 6	590	
			MATERIALS:		5,507
	1	рс	Oil Filter C-306	321.00	32:
	7	ltrs	Motul Multi Power	481.00	3,36
	1	set	Brake Pad	1,819.00	1,819
	_		LABOR	626.00	626
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		6,133
			Less: TAX	TOTAL-EDIVI	0,133
			VAT (5%/1.12)		27:
			PR No. 18-0103-0022	Total - Net of	
			Requesting Unit: Motorpool Unit	Тах	5,859.21
 The agency If the date 	shall impose p	the Job Order	bunt equivalent to $1/10$ on one (1%) percent of the total value of undelighborhood (J.O.) by the dealer is not indicated, it shall be deemed received on	vered order for each day of	
1. The agency 2. If the date representative 3. Delivery of delivery. Use of All item/s shall remain the shal	shall impose p e of receipt of e either through the above iter of elevator shal all be delivered	the Job Order n fax or e-mail. m/s shall be ma l be from 9:00A and accepted b	(J.O.) by the dealer is not indicated, it shall be deemed received on add within the prescribed schedule dates. Suppliers are advised to inf M to 11:30 AM and 1:30pm to 3:00PM during Mon/Wed/Fri (MWF). If the Procurement Section at 15th Floor, Room 1503 Citystate Ctr. Bldg.	vered order for each day of the day it was acknowled orm Procurement Section	ged to have been received
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Date