Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-F-007

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: LEPAGUS ENTERPRISES
Address: Tebag West, Sta. Barbara, Pangasinan
Tel. Fax No.: 658-1281
Supplier Registered with: 906-966-399-000 V

Work Order No.: 2018-2
Date: 2/14/2018
Term of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within on February 20-22, 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
	1	lot	Hauling Services from Dagupan City Pangasinan to Laoag City Ilocos Norte for the deployment of Information Kiosk to Local Health Insurance Offices (LHIOs)		28,000.00
			xxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxx		
			Less: TAX		
			VAT (5%/1.12)	1,250.00	
			EWT (2%/1.12)	500.00	1,750.00
			PR No. 18-0123-0084	Total - Net of Tax	26,250.00
			Requesting Unit: GSU		

Terms & Conditions:

1. 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.
2. 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.
3. Delivery of the above item/s shall be made within the prescribed schedule dates. Supplier/s 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 Crystate 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
2-15-18
Received By: [signature]
Time: ____

Very truly yours,

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

Certified Budget Available: Funds Available in the amount of: 28,000.00

JOSE A. MONESIT
Fiscal Controller III

EDWARD O. ESPIRITU
AO IV / FMS Chief

APPROVED:

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

With in the CMB:
Expense Code:
Ledger:
Remarks:

Received copy of J.O. on 2/15/18 (Date)

CONFORME:
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