

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PHILHEALTH REGIONAL OFFICE I
COA

7-3-18

Received By: 78
Time: 10 P.M. P-007

JOB ORDER

(Non-inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: ANGELSAIRE AIRCONDITIONING

Address: Bgry. VIII, Vigan City, Ilocos Sur

Tel. Fax No.: 077-722-1848

Supplier Registered with: 939-348-961 NV

Work Order No.: 2018-35

Date: 6/27/2018

Term of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 7 days 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	unit	Repair and refill freon of Everest Floor Mounted aircon xxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxx Less: TAX VAT (3%) PR No. 18-0611-0227 Requesting Unit: GSU-Motorpool		3,800.00 114.00
				Total - Net of Tax	3,686.00

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. 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).
4. All item/s shall be delivered and accepted by the Procurement Section at 15th Floor, Room 1503 Citystate Ctr. Bldg. Pasig City.
5. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
6. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
7. 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 (J.O.).
8. 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

LETICIA L. RAVANCHO

FC III / OIC-ASS

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of <u>1,238,800.00</u>	APPROVED:
<u>JOSE A. MONES</u> Fiscal Controller III	<u>EDWARD Q. ESPIRITU</u> AO IV / FMS CHIEF	<u>ALBERT C. MANDURIAO</u> Regional Vice President
Withholding Tax:	At the authority of the FMS Chief:	BY THE AUTHORITY OF THE RVP
Expense:	<u>JOSE A. MONES</u> Fiscal Controller III	<u>MARICAR ARZONAN</u> MEDICAL OFFICER IV
Other:		CONFORME
Remarks:		Signature over Printed Name of Supplier / Representative
Received copy of J.O. on	<u>7/2/18</u> Date	