Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: SOLIS APPLIANCE SERVICE CENTER
Address: Palamis, Alaminos City Pangasinan
Tel. Fax No.: 075-632-4626
Supplier Registered with: 2[illegible]-520-000 NV

Work Order No.: 2018-3
Date: 3/5/2018
Term of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office with [illegible] ______ 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
			[illegible] and maintenance of aircon WP LHIO, Alaminos cy 2018		
	2	units	[illegible] Mounted Aircon	1,000.00	2,000.00
	3	units	[illegible] Aircon	400.00	1,200.00
	1	unit	[illegible] Aircon	800.00	800.00
			xxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxx	TOTAL	4,000.00
			[illegible]		
			[illegible]		120.00
			18-0[illegible]-2411		
			[illegible] Unit LHIO Western Pangasinan		3,880.00

Terms & Conditions:

1. The agency shall impose penalty in an amount equivalent to 1/10 of 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 (JO) [illegible] indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative [illegible].
3. Delivery of the above item/s shall be made [illegible] schedule dates. Suppliers are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevat[illegible] 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 [illegible] Section at 15th Floor, Room 1503 Citystate Ctr. Bldg. Pasig City.
4. Delivery receipt and Sales Invoice shall be [illegible] complete delivery of the goods.
5. Defective, incompatible, or non compliant [illegible] when quoted shall be rejected and returned at the time of delivery.
6. In case the series of layout/design presented [illegible] satisfy the end-user, the Corporation has the right to cancel the Job Order (JO).
7. Payment shall be made in full subject to [illegible] taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

Very truly yours,

MARICAR M. ARZADON, M.D.
Division Chief IV, MSD

BUDGET ALLOCATION No. 18030076

Certified Budget Available: [illegible] the amount of: 4,[illegible]

JOSHUA MONES
Fiscal Controller III

EDWARD O. ESPIRITU
[illegible]

PHILHEALTH REGIONAL OFFICE I
COA
3-13-18
Received By: [illegible]
Time:

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR.
RVP, PRO1

MARICAR M. ARZADON, MD
MEDICAL OFFICER VII /MSD CHIEF
OIC-ORVP, PRO 1

Received copy of J.O. on 3-13-18
Date

CONFORME:
06 MAR 2018
Signature over Printed Name of Supplier / Representative

INSTRUCTIONS ON HOW TO USE THIS FORM:

1. This form shall be used for the acquisition of [illegible] renovation, etc.
2. This form shall be accomplished by the staff [illegible] upon decision of the Division Chief & Senior Manager as to which supplier has submi[illegible] and if it had met the required specs.
3. All other terms and conditions stated herein [illegible] of signatories of authorized personnel.
4. The budget allocated must be affixed on the [illegible] Comptrollership Department upon approval of the PO.
5. This serves the purpose of a contract which [illegible] delivery requirement and payment processing.
6. This form shall be prepared in 3 copies dist[illegible]

1 copy - PRIO | [illegible] Comptrollership Dept | 1 copy - COA