Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PCMM-P- 007

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: SOLIS APPLIANCE SERVICE CENTER
Address: Palamis, Alaminos City
Tel. Fax No.: 632-4626
Supplier Registered with: 176-630-529-000 NV

Work Order No.: 2018-44
Date: 9/13/2018
Term of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 1 week 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
			Repair & maintenance of airconditioning units		
	2	units	Floor Mounted Airconditioner	1,000.00	2,000.00
	3	units	Window Type Airconditioner	400.00	1,200.00
	1	unit	Wall Mounted Airconditioner	800.00	800.00
			xxxxxxxxxxxxx nothing follows xxxxxxxxxxxxx	TOTAL-L&M	4,000.00
			Less: TAX		
			VAT (3%)		120.00
			PR No. 18-0103-0044	Total - Net of Tax	3,880.00
			Requesting Unit: LHIO Western Pangasinan		

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
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).

All item/s shall be delivered and accepted by the Procurement Section at 15th Floor, Room 1503 Citystate 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.

BY THE AUTHORITY OF THE

MARIMEL C. BRAVO
FISCAL CONTROLLER II

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of 3,880.00

JOSE A. MONES
Fiscal Controller III

JANE C. BAGOS
FC IV / FMS Chief

PHILHEALTH REGIONAL OFFICE I
COA
9-19-18
Received By:
Time:

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President

With in the COB:
Expense Code:
Budget:
Remarks:

Received copy of J.O. on 9-19-18
Date

CONFORME:
Signature over Printed Name
of Supplier / Representative