Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PD-MM-F-007

JOB ORDER

(Non - inventoriable items)

OFFICE/DEPARTMENT: PRO 1

Supplier: MSC SAYSON CONSTRUCTION & TRADING
Address: Gais-Guipe, Dasol Pangasinan
Tel. Fax No.: 9174196795
Supplier Registered with: 703-571-445-000 VAT

Work Order No.: 2018-4
Date: 3/5/2018
Term of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within 15 days upon approval of final sample
Note: Additional ____ working days to submit for approval of test / sample.

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	1	lot	Rental of vehicle for the hauling of furniture & fixture, equipments, steel racks and others	4,950.00	4,950.00
			Less: TAX VAT (5%/1.12) 18-0103-0043		220.98
			Requesting Unit: LHIO Western Pangasinan		4,729.02

Terms & Conditions

1. The [illegible] 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). All items 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, incomplete, or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. 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).
6. 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.

Very truly yours,

1803 0077

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

[illegible] Budget Available: [illegible] MONES [illegible] Controller, RI	Funds Available in the amount of 4,950.00 EDWARD Q. ESPIRITU OIC FMS	APPROVED: ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE Regional Vice President, PRO1 MARICAR M. ARZADON, MD MEDICAL OFFICER VII OIC-RVP, PRO1
Received copy of J.O. on: 3-09-18	Date	CONFORME: MARIA ENJOLA C. CASTRO Signature over Printed Name of Supplier / Representative 06 MAR 2018

PHILHEALTH REGIONAL OFFICE I
COA
3-12-18
Received By: [signature]
Time:

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 has 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