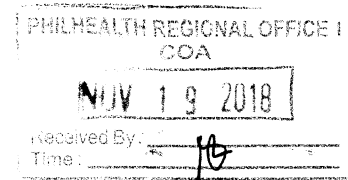




Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION



POMM-P-007

**JOB ORDER**

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: CIVIL SERVICE COMMISSION, Regional Office 1  
Address: San Fernando City, La Union  
Tel. Fax No.: \_\_\_\_\_  
Supplier Registered with: 710-476-020

Work Order No.: 2018-51  
Date: 10/15/2018  
Term of Payment: COD  
Mode of Procurement: \_\_\_\_\_

Please deliver to this office within **on November 19-23, 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	Training Fee for the conduct of Supervisory Development Course Track 2 & 3 XXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXX		75,000.00
			PR No. 18-1002-0365 Requesting Unit: HRU	Total - Net of Tax	75,000.00

**Terms & Conditions:**

- 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.
- 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.
- 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.
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible 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).
- 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,

**CYNTHIA S. SANTOS**  
Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>75,000.00</u> <b>BY THE AUTHORITY OF THE</b> <b>JOSE A. MONES</b> Fiscal Controller III <b>MARIMEL C. BRAVO</b> FISCAL CONTROLLER		<b>JANE C. RAGOS</b> FC IV / FMS Chief		APPROVED:  <b>ALBERTO C. MANDURIAO</b> Regional Vice President, PRO1 BY THE AUTHORITY OF THE RVP, PRO 1 JANETTE D. MANALIS	
With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____		CONFORME: <b>LIWAYWAY R. NAVALTA</b> CHIEF HUMAN RESOURCE SPECIALIST Signature over Printed Name of Supplier / Representative			
Received copy of J.O. on _____ Date _____					

ok for 25pax x 650X 5 days.  
11-13-18