

Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

**JOB ORDER**  
(Non - Inventoriable Items)  
OFFICE/DEPARTMENT: PRO 1

Supplier: WESTERN REFRIGERATION, AIRCONDITIONING, MOTOR REWINDING & SUPPLY  
Address: 37 Rizal St., Barangay III, Vigan City  
Tel. Fax No.: 077-722-2764  
Supplier Registered with: 158-204-365-000 V

Work Order No.: 2018-5  
Date: 3/16/2018  
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 text / sample.

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	3	units	General Cleaning of aircon Aircon XXXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXXX Less: TAX VAT (5%/1.12) PR No. 18-0103-0074 Requesting Unit: LHIO Ilocos Sur	2,000.00	6,000.00
				Total - Net of Tax	267.86 5,732.14

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 (JO) 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 Report.

**PHILHEALTH REGIONAL OFFICE I  
COA**  
3-24-18  
Received By:       
Time:     

**BUDGET ALLOCATION NO.**

**78030216**

By the authority of the MSD Chief Very truly yours,

JANE C. RAGOS  
FC IV / ASS CHIEF

MARICAR M. ARZADON, M.D.  
MO VII / MSD Chief

Certified Budget Available	Funds Available in the amount of <u>6,000.00</u>	APPROVED
<u>JOSE A. MONES</u> Fiscal Controller III	<u>EDWARD Q. ESPIRITU</u> MO IV / FMS Chief	<u>ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE</u> OIC, Office of the Regional Vice President
Withhold on CURB		
Expense Code		
Budget		
Remarks		
Received copy of JO on <u>03-07-18</u>	Date	CONFORME <u>    </u> Signature over Printed Name of Supplier / Representative

**INSTRUCTIONS ON HOW TO USE THIS FORM:**

- This form shall be used for the acquisition of services such as printing, renovation, etc.
- 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 had met the required specs.
- All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:

1 copy - PRID

1 copy - Comptrollership Dept.

1 copy - COA