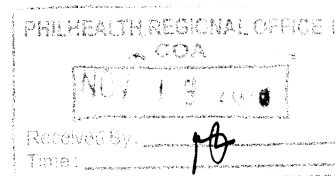




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION



POMM-P- 007

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: DAGUPAN VILLAGE HOTEL

Address: Lucao District, Dagupan City

Tel. Fax No.: 523-3801

Supplier Registered with: 932-092-789-000 V

Work Order No.: 2018-67

Date: 11/14/2018

Term of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on November 18-23, 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
	5	pax	Hotel Accommodation for Speakers & Secretariat	1,310.00	6,550.00
	3	pax	Room Accommodation for Facilitators	1,310.00	3,930.00
			Room Accommodation for Secretariat		
			xxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxx	TOTAL-L&M	10,480.00
			Less: TAX		
			VAT (5%/1.12)	467.86	
			EWT (2%/1.12)	187.14	655.00
			PR No. 18-1002-0366		
			Requesting Unit: HRU	Total - Net of Tax	9,825.00

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: 10,480

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

With in the COB:	<u>CY 2018</u>
Expense Code:	<u>620261001A</u>
Bdget:	<u>10,480.00</u>
Remarks:	

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President

BY THE AUTHORITY OF THE **RVP**

Manicar M. Arzadon, M.D.
Medical Officer - HCDMD

CONFORME:

APRIL JOY A. ALDALGO

Received copy of J.O. on

11/16/18

Date

Signature over Printed Name
of Supplier / Representative