

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: LEPAGUS ENTERPRISES

Address: Tebag Sta. Barbara, Pangasinan

Tel. Fax No.: 653-1281

Supplier Registered with: 906-966-399 V

Work Order No.: 2018-68

Date: 11/21/2018

Term of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 1 day 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	Hauling of Various Supplies from PS DBM Pampanga xxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxx Less: TAX VAT (5%/1.12) EWT (2%/1.12) PR No. 18-1107-0402 Requesting Unit: GSU	TOTAL-L&M 1,160.71 464.29 Total - Net of Tax	26,000.00 26,000.00 1,625.00 24,375.00

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.

BY THE AUTHORITY OF THE COMPTROLLER

MARIMEL C. BRAVO
FISCAL CONTROLLER III

By the authority of the MSD Chief

EDWARD Q. ESPIRITU

AO IV / ASS CHIEF

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available:

Funds Available in the amount of: 26,000.00

JOSE A. MONES
Fiscal Controller III

JANE CRAGOS
FO IV / FMS Chief

APPROVED:

Cynthia S. Santos
Division Chief IV
OIC - ORVP, PRO1

With in the COB:

Expense Code:

Budget:

Remarks:

PHILHEALTH REGIONAL OFFICE
COA

NOV 27 2018

Received By: as

Time:

Received copy of J.O. on

NOVEMBER 26, 2018

Date

CONFORME:

LEVY P. AGUSTIN

Signature over Printed Name
of Supplier / Representative