PHILHEALTH REGIONAL OFFICE I
COA
DEC 10 2018
Received By:
Time:

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PQMM-P-007

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: BEST DIAGNOSTIC CORPORATION
Address: 94 Masikap Ext. Brgy. Central, Diliman Quezon City
Tel. Fax No.: (02) 920-1023 / 0917-718-8905
Supplier Registered with: 218-283-132-000 Non-VAT

Work Order No.: 2018-72
Date: 12/3/2018
Term of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within December 12-31, 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
			Periodic Health Examination (PHEx) for Regular Employees for CY 2018		
	82	person	Physical Examination		
	82	person	Complete Blood Count (CBC)	730.00	59,860.00
	82	person	Urinalysis		
	82	person	Chest X-ray		
	80	person	Lipid Profile	435.00	34,800.00
	80	person	Fasting Blood Sugar (FBS)	70.00	5,600.00
	13	person	Glycoslated Hemoglobin (HqbA1c)	400.00	5,200.00
	28	person	Creatinine	80.00	2,240.00
	41	person	Blood Uric Acid	80.00	3,280.00
	11	person	Calcium	80.00	880.00
	11	person	Potassium	110.00	1,210.00
	17	person	Fecalt Occult Blood (FOBT)	70.00	1,190.00
	77	person	12 Lead ECG (with official reading by the cardiologist)	180.00	13,860.00
	50	person	Mammography/ Breast UTS	1,680.00	84,000.00
	52	person	Pap Smear	500.00	26,000.00
	19	person	Bun	80.00	1,520.00
	18	person	Sgot/Sgpt (sgot 110.00) (sgpt 110.00)	220.00	3,960.00
	8	person	Prostate Serum Antigen (PSA for Men)	900.00	7,200.00
	6	person	Thyroid Function Test (FT3, FT4, TSH)	1,100.00	6,600.00
	Note: The supplier will provide a service vehicle to employees who will undergo Mammography/Breast UTS test, from Dagupan City to their hospital/clinic and vice versa				
			xxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxx	TOTAL	257,400.00
			Less: TAX		
			VAT (3%)	7,722.00	
			EWT (2%)	5,148.00	12,870.00
			PR No. 18-0926-0351	Total - Net of Tax	244,530.00
			Requesting Unit: HRU		

Terms & Conditions:

1. 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
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 item/s 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, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
6. 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).
7. 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 FC III
12/04
MARIMEL C. BRAVO
FISCAL CONTROLLER II

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:

JOSE A. MONES
Fiscal Controller III

Funds Available in the amount of: 257,400.00

JANE C. RAGOS
FC IV / FMS CHIEF

APPROVED:

05 DEC 2018

ALBERTO C. MANDURIAO
Regional Vice President

Within the COB:	2018
Expense Code:	
Bdgt:	
Remarks:	

Recevied copy of J.O. on 12/4/18
Date

CONFORME:

JESSICA JOY D. ESTRADA
Signature over Printed Name of Supplier / Representative