PHILHEALTH REGIONAL OFFICE I
COA
DEC 17 2018
Received By:
Time:

12/07
12/10

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: LORMA MEDICAL CENTER
Address: Carlatan, City of San Fernando La Union
Tel. Fax No.: (072) 700-0000 local 124/187
Supplier Registered with: 006-107-576-000 VAT

Work Order No.: 2018-74
Date: 12/4/2018
Term of Payment: Charge
Mode of Procurement: Negotiated Procurement
Small Value Procurement

Please deliver to this office within 7 days upon conforme of JO 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 of LHIO La Union for CY 2018		
	6	person	Physical Examination	250.00	1,500.00
	6	person	Complete Blood Count (CBC)	180.00	1,080.00
	6	person	Urinalysis	104.00	624.00
	6	person	Chest X-ray	261.00	1,566.00
	6	person	Lipid Profile	963.00	5,778.00
	6	person	Fasting Blood Sugar (FBS)	207.00	1,242.00
	1	person	Glycosylated Hemoglobin (HGbA1C)	1,040.00	1,040.00
	3	person	Creatinine	207.00	621.00
	3	person	Blood Uric Acid	207.00	621.00
	1	person	Calcium	276.00	276.00
	3	person	Fecal Occult Blood (FOBT)	90.00	270.00
	6	person	12 Lead ECG (with official reading by the cardiologist)	383.00	2,298.00
	4	person	Mammography/ Breast UTS	1,809.00	7,236.00
	4	person	Pap Smear	293.00	1,172.00
	1	person	BUN	207.00	207.00
	2	person	SGOT/SGPT	532.00	1,064.00
			xxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxx	TOTAL	26,595.00
			Less: TAX		
			VAT (5%/1.12)	1,187.28	
			EWT (2%/1.12)	474.91	1,662.19
			PR No. 18-1119-0411 Requesting Unit: LHIO La Union	Total - Net of Tax	24,932.81

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 Acceptence and Inspection Report

BY THE AUTHORITY OF THE FCIII
MARIMEL C. BRAVO
FISCAL CONTROLLER III

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available	Funds Available in the amount of 26,595.00	APPROVED
JOSE A. MONES Fiscal Controller III	BY THE AUTHORITY OF THE CHIEF, FMS JANE C. RAGOS FCIV / FMS CHIEF JOSE A. MONES FISCAL CONTROLLER III 12/10/18	ALBERTO C. MANDURIAO Regional Vice President

With in the COB: 2018
Expense Code: [illegible]
Budget: 26,595.00
Remarks: HCDMD

Received copy of J.O. on 12/12/18
Date

CONFORME
Signature over Printed Name of Supplier / Representative