COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
AUG 22 2019
RECEIVED BY: [signature]

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

JOB ORDER
(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: SOLIS APPLIANCE SERVICE CENTER
Address: Palamis Alaminos City Pangasinan
Tel. Fax No.: 9999926114/568-6897
Supplier Registered with: 176-630-529-000 Vat

Work Order No.: 19-37
Date: 8/14/2019
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	lot	Patching-up of holes for Aircon Unit (KOLIN)	833.25	2,499.75
					2,499.75
			Less: TAX VAT (5%/1.12) 19-0628-0333 Requesting Unit: WP LHIO-Alaminos		111.60
					2,388.15

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 items 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 8:00AM to 11:30 AM and 1:30pm to 3:00PM during Mon/Wed/Fri (MWF). All items 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 ____

Very truly yours,

By the Authority of the
MERLIE C. DORIA
Fiscal Clerk III

CHESTER JOSEPH C. CANTO
Administrative Officer III 8/9/19

CYNTHIA S. SANTOS
Division Chief IV, MSD

Certified Budget Available
Funds Available in the amount of: 2,499.75

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC. FMS Chief

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

With in the COB
Expense Code
Budget
Remarks

BY THE AUTHORITY OF THE
MARIMEL C. BRAVO
FISCAL CONTROLLER II

8-15-19

CONFORME
MA. CAMILLE SOLIS
Signature over Printed Name of Supplier / Representative

Received copy of J.O. on 08-20-19
Date

INSTRUCTIONS ON HOW TO USE THIS FORM:

1. This form shall be used for the acquisition of services such as printing, renovation, etc.
2. 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.
3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
5. This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
6. This form shall be prepared in 3 copies distributed as follows:

1 copy - PRID   1 copy - Comptrollership Dept   1 copy - COA