



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

JOB ORDER
(Non - Inventoriable Items)
OFFICE/DEPARTMENT: PRO 1

COMMISSION ON AUDIT
TEAM R1-04 (PHIC Group)

NOV 05 2019
POMM-P-007

Supplier: ILOCANDIA MEDICAL GROUP, INC.
Address: Bantay, Ilocos Sur
Tel. Fax No.: _____
Supplier Registered with: 420-435-190-000 V

RECEIVED BY: AB
Work Order No.: 19-55
Date: 10/18/2019
Term of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within the months of October-December, 2019 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
			Annual Physical Examination for Employees of LHIO Ilocos Sur		
	20	person	Physical Examination & Consultation	300.00	6,000.00
	1	person	Dental Examination	400.00	400.00
	20	person	Chest X-ray	250.00	5,000.00
	20	person	Urinalysis	110.00	2,200.00
	20	person	Complete Blood Count (CBC)	200.00	4,000.00
	12	person	Lipid Profile	700.00	8,400.00
	13	person	Fasting Blood Sugar (FBS)	140.00	1,820.00
	3	person	Glycosylated Hemoglobin (HgbA1c)	1,120.00	3,360.00
	3	person	Creatinine	130.00	390.00
	8	person	Blood Uric Acid	140.00	1,120.00
	3	person	Fecal Occult Blood (FOBT)	150.00	450.00
	13	person	12 Lead ECG (with official reading by the cardiologist)	300.00	3,900.00
	5	person	Breast UTS	850.00	4,250.00
	8	person	Pap Smear	215.00	1,720.00
	2	person	BUN	130.00	260.00
	3	person	SGOT & SGPT	200.00	600.00
			XXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXX	TOTAL	43,870.00
			Less: TAX		
			VAT (5%/1.12)	1,958.48	
			EWT (2%/1.12)	783.39	2,741.87
			PR Nos. 19-1008-0441 & 19-1008-0442	Total - Net of Tax	41,128.13
			Requesting Unit: LHIO Ilocos Sur		

- 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 Marimel C. Bravo
Fiscal Controller II

By the authority of the MSD Chief

Very truly yours,

EDWARD Q. ESPIRITU
FC IV / ASS CHIEF / OIC-OMSD Chief

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>41,870.00</u>	APPROVED:
<u>JOSE A. MONES</u> Fiscal Controller III	<u>JANE C. RAGONY</u> the Authority of the FMS Chief: FC IV / FMS Chief	<u>MARCIA N. Arzadon, M.D.</u> OIC - Regional Vice President
Within the COB: <u>CY 2019</u>	<u>JOSE A. MONES</u> Fiscal Controller III	
Expense Code: <u>5020000000</u>		
Bidjet: <u>HO DMD - 14,140</u>		
Remarks: <u>HO SUPPORT - 29,730</u>		
Received copy of J.O. on <u>10-05-19</u>	Date	CONFORME: <u>NARULANET B. AMILCAR</u> Signature over Printed Name of Supplier / Representative