

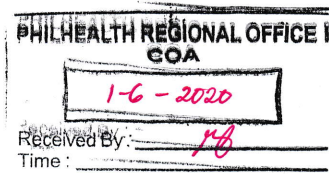


Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION

**JOB ORDER**

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1



Supplier: 211 MARKETING

Address: Banaoang Calasiao Pangasinan

Tel. Fax No.: 09326447174

Supplier Registered with: 910-344-855-000 NV

Work Order No.: 19-77

Date: 12/5/2019

Term of Payment: Charge

Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office **within 1 week** 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	unit	Fan Motor	7,500.00	Labor 7,500.00
	1	pc	Labor Cost	1,200.00	1,200.00
				<b>TOTAL L&amp;M</b>	8,700.00
				<b>Grand Total</b>	8,700.00
			Less: TAX		
			VAT (3%) labor & materials	261.00	
			EWT (1% ) labor	12.00	273.00
			PR: 19-0709-0342		
			Requesting Unit: PRO1 GSU		
				Total-Net of Tax	8,427.00

**Terms & Conditions:**

- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of thier office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.
- Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

**CYNTHIA S. SANTOS**  
Division Chief IV, MSD

Certified Budget Available:

Funds Available in the amount of: 8,700

**JOSE A. MONES**  
Fiscal Controller III

**JANE C. RAGOS**  
FC/RMS Chief

APPROVED:

**ALBERTO C. MANDURIAO**  
Regional Vice President, PRO1

With in the COB:

Expense Code:

Bdget:

Remarks:

Received copy of J.O. on

Date

CONFORME:

Signature over Printed Name  
of Supplier / Representative

**INSTRUCTIONS ON HOW TO USE THIS FORM:**

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

1 copy - PRID

1 copy - Comptrollership Dept.

1 copy - COA