

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: GNS TIRE AND SERVICE CENTER INC.

Address: 006 Lucao District, Dagupan City Pangasinan

Tel. Fax No.: 522-1044

Supplier Registered with: 006-016-737-000 VAT

Work Order No. 19-79 RECEIVED BY: rf

Date: 12/10/2019

Term of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office **within 1 week** upon approval
Note: Additional working days to submit for approval of text / sample.

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT	
	1	lot	Replacement of Tire, Wheel Alignment, Wheel Balancing w/camber)		<i>Labor</i>	<i>Material</i>
	4	pcs	*Tire Valve	54.00		216.00
	10	pc	*Wheel Weights	54.00		540.00
	4	pcs	*Bridgestone	4,525.00		18,100.00
			*Wheel Alignment w/camber adjustment	1,715.00	1,715.00	
	4	pcs	*Wheel Balancing	160.00	640.00	
			***** (Periodic Maintenance for Toyota Innova SFH 812)			
			Less: TAX			
			VAT (5%/1.12) labor & materials	946.92		
			EWT (1% /1.12) materials	168.36		
			EWT (1% /1.12) labor	21.03		1,136.31
			PR: 19-1126-0527			
			Requesting Unit: PRO1 GSU			
			TOTAL L&M		2,355.00	18,856.00
			Grand Total		21,211.00	
			Total-Net of Tax		20,074.69	

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.

By the Authority of the
MARINEL C. BRAVO
Fiscal Controller III

BY THE AUTHORITY OF THE DCIV-MSD CHIEF
CYNTHIA S. SANTOS
Division Chief IV, MSD
EDWARD Q. ESPIRITU
AO IV / Chief-ASS

Certified Budget Available:	Funds Available in the amount of: <u>21,211.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC/FMS Chief	ALBERTO C. MANDURIAO Regional Vice President, PRO1
With in the COB:	BY THE AUTHORITY OF THE CHIEF, FMS	
Expense Code:	JOSE A. MONES	
Bdget:	FISCAL CONTROLLER III	
Remarks:		
Received copy of J.O. on	<u>12-11-19</u>	CONFIRMED: <u>[Signature]</u>
	Date	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