12-17-19

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: LORMA MEDICAL CENTER INC.
Address: Carlatan San Fernando La-Union
Tel. Fax No.:
Supplier Registered with: 006-107-576-000 VAT

Work Order No.: 19-80
Date: 12/12/2019
Term of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office *within 1-2 weeks* 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
	22	pax	Physical Examination & Consultation	320.00	7,040.00
	1	pax	Dental Examination	400.00	400.00
	22	pax	Chest X-ray	260.00	5,720.00
	22	pax	Urinalysis	105.00	2,310.00
	22	pax	Complete Blood Count (CBC)	210.00	4,620.00
	13	pax	Lipid Profile	965.00	12,545.00
	13	pax	Fasting Blood Sugar (FBS)	210.00	2,730.00
	3	pax	Glycosilated Hemoglobin (HgbA1c)	1,080.00	3,240.00
	4	pax	Creatinine	210.00	840.00
	7	pax	Blood Uric Acid	210.00	1,470.00
	3	pax	Fecalt Occult Blood (FOBT)	315.00	945.00
	13	pax	12 Lead ECG (with official reading by the cardiologist)	385.00	5,005.00
	7	pax	Mammography	680.00	4,760.00
	7	pax	Breast UTS	1,800.00	12,600.00
	12	pax	Pap Smear	315.00	3,780.00
	1	pax	Bun	210.00	210.00
	1	pax	Sgot/Sgpt	270.00	270.00
	1	pax	Thyroid Function Test (FT3, FT4, TSH)	2,500.00	2,500.00
				TOTAL	70,985.00
			Less: TAX		
			VAT (5%/1.12)	3,168.97	
			EWT (1%/1.12)	633.79	3,802.76
			19-1120-0516	Total-Net of Tax	67,182.24
			Requesting Unit: LHIO-LA-UNION		

Terms & Conditions:

1. 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.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. 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.
4. 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.
5. 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.
6. Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.
7. Partial delivery per item will not be accepted.

By the authority of the OIC-Chief of Staff:

EDWARD Q. ESPIRITU
ADMINISTRATIVE OFFICER IV

CYNTHIA S. SANTOS
Division Chief IV, MSD

Certified Budget Available:
JOSE A. MONES
Fiscal Control III

Funds Available in the amount of 70,985.00
JANE C. TAGOS
FC/PMS Chief

APPROVED:
12/17/19
Cynthia S. Santos
Division Chief IV

OIC-Regional Vice President, PRO1

Within the COB:
Expense Code:
Object:
Remarks:

Received copy of J.O. on 12-18-19
Date

CONFORME:
Signature over Printed Name of Supplier / Representative

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

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
DEC 27 2019
RECEIVED BY: