

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
National Capital Region & Rizal Group
 3rd Floor, VCP Bldg., 68 Kalayaan Avenue, Teachers Village West, QC
 Telefax: 441-2579

JOB ORDER

Supplier: CAVALLINO, INC. J.O No.: 19-08-003 NCR-N
 Address: 40 Timog Avenue, Bgy. Laging Handa, Quezon City Date: August 6, 2019
 Tel.Fax No.: 374-0347 Term of Payment: Government Terms
 Supplier Registered with Philgeps Mode of Procurement: Small Value Procurement

Please deliver to this office within As scheduled from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	Lot	Procurement of Meals and other incidental expenses for the Conduct of Reachout Roundtable Discussion for Accredited Dialysis Centers of NCR North on August 9, 2019.	P200 (52 pax) & P725 (15 pax)	21,275.00
			Less:		21,275.00
			EWT 2% :	379.91	
			FVAT 5% :	949.78	1,329.69
			Net Amount:		19,945.31
			PR #:		08 05 4
			19-0283-NCR-N dated July 8, 2019		

Conditions:

1. The supplier shall strictly comply with the terms of reference or specifications prescribed by the Corporation.
2. The Corporation shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each day of the delay as liquidated damages.
3. Render your bills in triplicate copies including the original.
4. If the date of receipt of the P.O. by the dealer is not indicated, it shall be deemed received on the 15th Working day from the date of the approval of the P.O.
5. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.

Very truly yours,

DIODE G. LANTORIA

OIC, Management Services Division

Certified Budget Available:	Funds Available in the amount of: Php21,275.00	APPROVED:
<u>JOEL P. SANTOS</u> Designated Budget Officer	<u>WILLIE M. BUMACOD</u> OIC-Section Chief, Fund Management Services	<u>GILDA SALVACION A. DIAZ</u> Vice President - PRO NCR (or Authorized Representative)
Within the COB: <u>2019</u>	Received copy of P.O on _____	CONFORME: <u>RAULEN L. DELOS SANTOS</u> Print Name and Signature of Supplier/Representative
Expense Code: <u>1005</u>		
Available Budget: <u>₱ 21,275</u>		
Remark: <u>Payment 240752019</u>		