



## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IVA
Lucena Grand Central Terminal, Brgy, Hayang Dupay, Lucena City
Call Center (02) 8441-7442 | Contact Number (042) 373-7554
www.philhealth.gov.ph | region4a@philhealth.gov.ph



## **JOB ORDER**

(Non - Inventoriable Items)
OFFICE/DEPARTMENT: MSD-GSU

Supplier:	PHILCOPY CO	RPORATION	Work Order No.:	20-03-019 08/17/20	
Address:	Abadilla Bldg.Herma	na Fausta St. Lucena City	Date:		
Tel. Fax No.: 042-373-7839			Term of Payment:	On account	
Supplier Registered with:		DTI	Mode of Procurement:	Direct Contracting	

Please deliver to this office within 30days upon approval

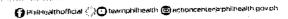
Note: Additional  $\underline{\text{N/A}}$  working days to submit for approval of text / sample.

NO.	QTY	UNIT	SERVICE DÉTAILS	UNIT PRICE	TOTAL AMOUNT
			KYOCERA-MITA LASER PRINTER FS- 4100DN serial no.: LQV4902786 (08-0715IT1407043) LQV4802704 (08-0715IT1407024) LQV4902804 (08-0715IT1407045) LQV4802698 (08-0715IT1407049) L5R330146 (0813IT1407001)		
			Material:		
1	1	рс	Kyocera-mita parts clutch 20-2W Z35R	526.00	526.00
2	1	рс	Kyocera-mita parts drive feed assy sp	3,774.00	3,774.00
3	1	рc	Kyocera-mita parts clutch 50 Z35R sp	3,401.0Q	3,401.00
			***nothing follows***		
				*	7,701.00
			Less Taxes: VAT 5%	343.79	<u> </u>
			EWT 1 %	68.76	412.55
	-			and the same of th	7,288.45
			Labor/Service;		
4	1	lot	Service charge	1,000.00	- 1,000,00
5	1	lot	Service charge	2,000.00	2,000.00
			***nothing follows***		
		***************************************			3,000.00
			Less Taxes: VAT 5%	133.93	
	····		EWT 2 %	53.57	187.50
					2,812.50
			Job Request no. 2020-02-018 dated 6/26/2020	NET AMOUNT:	10,100.95

Terms & Conditions:

<sup>1</sup> 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







## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IVA
Lucena Grand Central Terminal, Brgy, Hayang Dupay, Lucena City
Call Center (02) 8441-7442 | Contact Number (042) 373-7554
www.philhealth.gov.ph | regional@philhealth.gov.ph



- 2 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.
- 3. 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. All item/s shall be delivered and accepted by the Procurement Section at PRO IV-A. Lucena Grand Central Terminal Brgy, Ilayang Dupay, Lucena City
- 4. Delivery Receipt and Sales invoice shall be required for one-time complete delivery of the goods.
- 5 Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery
- 8 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).
- 7. Payment shall be made in full subject to corresponding government taxes within lifteen (15) working days upon receipt of Certificate of Acceptence and
- 8 The contracting parties undertake to comply with Office Order No. 0018-2015 entitled Reiteration of Philheetth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept directly or indirectly, any gift from any person, group or association. or juridicel 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 which in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.

Very truly yours.

OIC. MSD

Certified Budget Aya  ***********************************	YNES	vailable in the amount of:  ARON R. R Fiscal Contro	10,701.00  IANO	APPROVED:  EDWIN M. ORIÑA, M.D.  RVP. PRO IVA
With In the COB: Expense Code: Budget: Remarks:	2020-COB 5 02 13 050 02 10.701.00			CONFORME
	d copy of J.O. on	9/2/20 Date		Eighardie Gran Primed Name of Supplier / Representative

