



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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



## JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: MSD-GSU

Supplier:	<b>BUE TRUCKING SERVICES</b>	Work Order No.:	20-03-030
Address:	B11 L30 Ph1 Parklane Subd., Santiago, Gen Trias, Cavite	Date:	December 22, 2020
Tel. Fax No.:	0932443846	Term of Payment:	COD
Supplier Registered with:	DTI	Mode of Procurement:	NPSV

Please deliver to this office within 30days upon approval.

Note: Additional N/A working days to submit for approval of text / sample.

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
			<b><u>Labor/ Services:</u></b>		
1	1	lot	<i>Dismantling of generator set including manual transfer switch from old office space located at MYP GBY Philippine Corporation Building, Aguinaldo Highway, Bayan Luma VII, Imus Cavite; Hauling to PhilHealth Regional Office IVA located at Lucena Grand Terminal, Ibabang Dupay, Lucena City</i>	105,000.00	105,000.00
			***nothing follows***		
					105,000.00
			Less Taxes: NVAT 3%	3,150.00	
			EWT 2 %	2,100.00	5,250.00
					<b>99,750.00</b>
			<i>Job Request no. 2020-02-039 dated 12/2/2020</i>	<b>NET AMOUNT:</b>	<b>99,750.00</b>

**Terms & Conditions:**

- 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.
- 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.
- 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
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
- 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).
- Payment shall be made in full subject to corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.





Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
PhilHealth Regional Office IVA  
Lucena Grand Central Terminal, Brgy. Bayang Dupay, Lucena City  
Call Center (02) 8441-7442 | Contact Number (042) 373-7554  
www.philhealth.gov.ph | region4a@philhealth.gov.ph



UNIVERSAL HEALTH CARE

8. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled Reiteration of PhilHealth 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 juridical 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,

**BENJIE A. CUVINAR**  
OIC, MSD

Certified Budget Available: <b>MA. PAMELA B. LEYNES</b> Budget Officer/Designate		Funds Available in the amount of: <u>105,000.00</u>  <b>ARON R. RIANO</b> Fiscal Controller IV	APPROVED:  <b>ARLAN M. GRANAKI</b> ARVP, PRO IVA
With in the COB:	<u>2020-COB</u>		
Expense Code:	<u>5 02 99 040</u>		
Budget:	<u>105,000.00</u>		
Remarks:			
Received copy of J.O. on		<u>12-28-20</u> Date	CONFORME  <b>DESAY B. LIE</b> Signature over Printed Name of Supplier / Representative

