

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: **FRANCIS L. DE JESUS**

Address: **Dagupan City**

Tel. Fax No.:

Supplier Registered with: **939-593-493 NV**

Work Order No.: **21_37**

Date: **9/30/2021**

Term of Payment: **COD**

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within **on October 5, 6 and 7, 2021** 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
			HONORARIUM of Speaker for 3 days with the theme: <i>Cultivating Wellness Mental Cum Spiritual Strengthening in the Workplace</i> xxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxx	2,000.00	2,000.00
			Less: TAX VAT (1%) PR No. 21-0928-0190 Requesting Unit: PhilHealthy Movement Committee	Total	2,000.00
					20.00
				Total - Net of Tax	1,980.00

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. Use of elevator shall be from 9:00AM to 11:30 AM and 1:30pm to 3:00PM during Mon/Wed/Fri (MWF).
- All item/s shall be delivered and accepted by the Procurement Section at 15th Floor, Room 1503 Citystate Ctr. Bldg. Pasig 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.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

MARICAR M. ARZADON, M.D.

Medical Officer VII - HCDMD

DENNIS B. ADRE

Regional Vice President

Certified Budget Available:	Funds Available in the amount of:
JOSE A. MONES Fiscal Controller III	EDWARD O. ESPIRITU AO IV / OIC-OFMS Chief
With in the COB: <u>2021</u>	
Expense Code: <u>5029994009</u>	
Budget: <u>2000</u>	
Remarks: <u>MODE/HO SUPPORT</u>	

Received copy of J.O. on

OCT. 5, 2021

Date

CONFORME:

FRANCIS L. DE JESUS

Signature over Printed Name

of Supplier / Representative