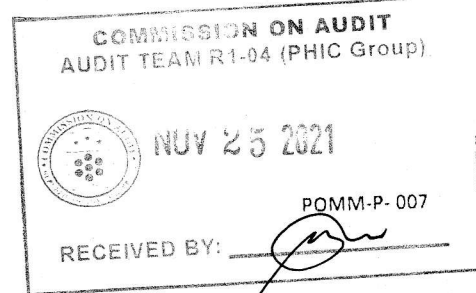


Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION

**JOB ORDER**  
(Non - Inventoriable Items)  
OFFICE/DEPARTMENT: PRO 1



Supplier: SAN NICOLAS MEDICAL LAB, INC.  
Address: Brgy. 1 San Nicolas Ilocos Norte  
Tel. Fax No.: 8863-9999  
Supplier Registered with: 009-905-364-000 NV

Work Order No.: 21\_52  
Date: 11/16/2021  
Term of Payment: Charge  
Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within 5 days from receipt hereof the following:  
Note: Additional      working days to submit for approval of text / sample.

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	21	employees	Drug Screening/Testing - Metamphetamine - Tetrahydrocannabinol	300.00	6,300.00
			PPE Fee	100.00	2,100.00
			XXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXX	TOTAL	8,400.00
			Less: Tax		84.00
			VAT (1%)		
			PR No. 21-1108-0212	Total-Net of Tax	8,316.00
			Requesting Unit: LHIO Ilocos Norte		

Terms & Conditions:

- The agency shall impose penalty in an amount equivalent to 1/10 of 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

Certified Budget Available:

Funds Available in the amount of 8,400

JOSE A. MONES  
Fiscal Controller III

EDWARD O. ESPIRITU  
AO IV / OIC-OFMS Chief

APPROVED:

DENNIS B. ADRE  
Regional Vice President

With in the COB:

Expense Code:

Bdget:

Remarks:

2021  
5029999006  
8400  
NOTE: HC SUPPLY

Received copy of J.O. on

11/22/2021

Date

CONFORME:

SHIRLEY MAINE V. YACANG

Signature over Printed Name  
of Supplier / Representative