

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

JOB ORDER
(Non-Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: MANAWARI BEAUTY AND WELLNESS HUB
Address: San Miguel, Calasiao, Pangasinan
Tel. Fax No: 09685649279
Supplier Registered with: 604-987-581-0000 NV

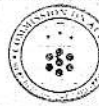
Work Order No.: 22-13
Date: 4/29/2022
Term of Payment: COD
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within April 30, 2022 from receipt hereof the following:

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	18	pax	Body massage and foot spa	600.00	10,800.00
			XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXX	Total	10,800.00
			Less: TAX		
			VAT (1%)		108.00
			EWT (2%)		216.00
			PR No. 22-0429-0118 (5029918001) For Philhealth's 27th Anniversary Activity Celebration "Philhealth Employees' Day" of LHIO Central Pangasinan personnel	Total - Net of Tax	10,476.00

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 will be returned and replaced at the time of delivery.
- In case the series of layout/design presented by the supplier does not comply with the specifications, the supplier shall be responsible for the cost of rework.
- 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.



MAY 02 2022

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:

Funds Available in the amount of: 10,800

JOSE A. MONES
Fiscal Controller III

RECEIVED BY: ay
EDWARD O. ESPIRITU
AO IV / OIC-OFMS Chief

APPROVED:

DENNIS B. ADRE
Regional Vice President

With in the COB:

Expense Code:

Budget:

Remarks:

4/29/2022
5029918001
10,800
MODE / HQ SUPPORT

By: 4/29/22
MARICARM. ARZADON, M.D.
Medical Officer VII - HCLMD

CONFIRME:

JANELLA L. MONTAÑA
Signature over Printed Name
of Supplier / Representative

Received copy of J.O. on

4/29/2022
Date