Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PDMM-P-007

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier:	HI-PRECISION DIAGNOSTICS, INC.	Work Order No.:	22_55
Address:	Brgy., 1 San Nicolas, Ilocos Norte	Date:	11/26/2022
Tel. Fax No.	9916901736	Term of Payment:	Charge
Supplier Registered with:	004-778-957-000 NV	Mode of Procurement:	Negotiated Procurement-Small Value Procurement

Please deliver to this office within November - December, 2022 from receipt hereof the following:

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	20	pax	Random Drug Testing for Regular and Casual	300	6,000.00
			xxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxx	Total	6,000.00
			Less: TAX VAT (1%)		60.00
			PR No. 22-1122-0310 (5029999006) Requesting Unit: For LHIO Ilocos Norte & PSO San Nicolas	Total - Net of Tax	5,940.00

Terms & Conditions:

1. 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
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. 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.

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.
6. 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 fifteen (15) working days upon receipt of Certificate of Acceptence and Inspection Report

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 6,000

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

APPROVED:

DENNIS B. ADRE
Regional Vice President

By the authority of the RVP:

JOSEPHINE D. QUITON
Division Chief - FOD

DEC 07 2022

Cost Center Code	CY2022
Expense Code	5029999006/5TOAR
Budget	6000
Remarks	OHCAMA

Received copy of J.O. on 12/07/2022
Date

CONFORME:

SHAIRA MAE B. RABANAL, RRT
Signature over Printed Name of Supplier / Representative

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
DEC 07 2022
RECEIVED BY: