

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

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

Supplier: ARTURO A. EUSTAQUIO
Address: Quesban Calasiao, Pangasinan
Tel. Fax No.: 09270789817
Supplier Registered with: _____

Work Order No.: 23_15
Date: 3/28/2023
Term of Payment: COD
Mode of Procurement: Negotiated Procurement
Small Value Procurement

Please deliver to this office within 1 day from receipt hereof the following:

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	1	lot	Service Fee Referee (Basketball and Volleyball) Six (6) referees XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXXXXXX	4,000.00	4,000.00
				TOTAL-	4,000.00
				Total - Net of Tax	4,000.00

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 correct billing and payment of government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and to the Supplier.

BY THE AUTHORITY OF THE BUDGET OFFICER
ROSELAL FERRER
SCAL CLERK III 28 MAR 2023

BY THE AUTHORITY OF RMS Chief
AYKIMP. AQUINO
FC II 3/28/2023

By the Authority of the Chief, MSD
JOSE A. MONES
FISCAL CONTROLLER III
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: _____		Funds Available in the amount of: _____	
JOSE A. MONES Fiscal Controller III		EDWARD Q. ESPINOSA Division Chief IV / MSD Chief	
With in the COB: <u>2023</u>		COMMISSION ON AUDIT	
Expense Code: <u>5029908001 / JDOB</u>		AUDIT TEAM R1-04 (PHIC Group)	
Budget: <u>P 4,000.00</u>		DENNIS B. ADRE Regional Vice President	
Remarks: <u>HO SUPPORT</u>		MAR 30 2023 By: <u>MANICAR M. ARZADON, M.D.</u> MO VII / Chief, HCDMD	
Received copy of J.O. on <u>3/28/2023</u>		RECEIVED BY: <u>aykimp</u>	
		CONFORME: _____	
		Signature over Printed Name of Supplier / Representative	