

Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

JOB ORDER  
(Non-Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: COMPETITIVE CARD SOLUTIONS PHILS., INC.  
Address: Brgy. West Kamias, Quezon City  
Tel. Fax No.: (02) 8-952-7155  
Supplier Registered with: 008-248-081-000 V

Work Order No.: 23\_37  
Date: 7/10/2023  
Term of Payment: COD  
Mode of Procurement: Direct Contracting

Please deliver to this office within 2-3 days from receipt hereof the following:

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	1	lot	Repair of ID Badge Printer DXP CX-80 card Printer Technical Services XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXX Less: TAX VAT (5%/1.12) PR No: 23-0602-0190 (5021305002) Requesting Unit: ITMS	2,000.00 TOTAL  Total - Net of Tax	 2,000.00 2,000.00  89.29 1,910.71

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 (MWTF).
- 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*  
CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: \_\_\_\_\_  
Funds Available in the amount of: 2,000  
JOSE A. MONES  
Fiscal Controller III  
EDWARD Q. ESPIRITU  
FC IV / FMS Chief

With as the COB: 07/20/23  
Expense Code: 5021305002  
Budget: 2,000.00  
Remarks: ITMS

APPROVED:

DENNIS B. ADRE  
Regional Vice President

By: JOSEPHINE O. QUEJON  
JUL 10 2023  
Division Chief IV / MSD Chief

Received copy of J.O. on \_\_\_\_\_

Date \_\_\_\_\_

CONFORME:

ANGELICA M. MANAYON 07/12/23

Signature over Printed Name  
of Supplier / Representative

COMMISSION ON AUDIT  
AUDIT TEAM R1-04 (PHIC Group)



JUL 13 2023

RECEIVED BY: BN