



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

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

Supplier: ELVIS DE LA RAGA QUITALIG  
Address: Bauang, La Union  
Tel. Fax No.: 0927-0286267  
Supplier Registered with: 449-651-721-000

Work Order No.: 23\_57  
Date: 10/20/2023  
Term of Payment: Charge  
Mode of Procurement: \_\_\_\_\_

Please deliver to this office within October 25-26, 2023 from receipt hereof the following:

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
			Honorarium XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXXXXX		16,074.61
				TOTAL	16,074.61
			PR No. 23-0928-0290 (5029999005) Purpose: For the Conduct of Writeshop for the Finalization of Public Service Continuity Plan (PSCP)	Total - Net of Tax	16,074.61

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 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: <u>16,074.61</u> Funds Available in the amount of: <u>16,074.61</u>		APPROVED:
BY THE AUTHORITY OF <u>JOSE A. MONES</u> Fiscal Controller III <u>10/23/2023</u>		 DENNIS B. ADRE Regional Vice President
By the Authority of the FMS Chief: <u>EDWARD Q. ESPIRITU</u> FC IV / FMS Chief		
With in the COB: <u>10/23/2023</u> Expense Code: <u>5029999005</u> Budget: <u>16,074.61</u> Remarks: <u>CHANGE TO ASS/ASU WITH BOM AMENDMENT</u>		OCT 23 2023
Received copy of J.O. on <u>10-25-2023</u> Date		CONFORME: Signature over Printed Name of Supplier / Representative

