

## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P- 007

## JOB ORDER

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

Supplier: Address:

Tel. Fax No.:

C.A.B. CAR CARE

Brgy. Banaoang, De Venecia Road, Calasiao, Pangasinan

Supplier Registered with:

0917-9738454

942-191-889-000 NV

Work Order No.: 23\_62

Date: 11/8/2023

Term of Payment: Charge

Mode of Procurement: Negotiated Procurement-

**Small Value Procurement** 

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	1	set	Repair and Maintenance of Toyota Innova SLD-690 General Cleaning/ Dual AC/ Dashboard Works Freon Labor Oil Compressor Flushing Clutch Hub Assy Replace Clutch Hub Assy (Labor)  xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	4,500.00 4,500.00 500.00 TOTAL	4,500.00 4,500.00 500.00 9,500.00
			Less: TAX	GRAND TOTAL	285.00 190.00 9,025.0

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 damages.
- 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
- 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 Acceptance and Inspection Report.

Wery truly yours,

OFFICE AUTHORITY OF CYNTH S. SANTOS Division Chief IV / MSD Chief APPROVED: Funds Available in the amount of: FCII Certified Budget Available: EDWARD Q. ESPIRITU JOSE A. MONES DENNIS B. ADRE FC IV / FMS Chief Fiscal Controller III Regional Vice President by the Authority of the FMS Chief: With in the COB: 50213060 190B 1 Expense Code: \$ 9,500.00 Budget: Fiscal Controller III ASC SOL Remarks CONFORME: 11.1523 RAJE ann Recevied copy of J.O. on COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group) of Supplier / Representative