

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

Supplier: SOLIS APPLIANCE SERVICE CENTER
Address: Palamis, Alaminos City, Pangasinan
Tel. Fax No.: 09199933655
Supplier Registered with: 176-630-529-000 V

Work Order No.: 24-27
Date: 6/7/2024
Term of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	1	unit	Cleaning and Maintenance of Aircon for 3rd Qtr. Floor Mounted Aircon	1,300.00	1,300.00
2	3	units	Wall Mounted Aircon	1,000.00	3,000.00
			XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXX	TOTAL	4,300.00
			Less: TAX		
			VAT (5%/1.12)		191.96
			PR No. 24-0604-0274 (5021305001)	Total - Net of Tax	4,108.04
			Requesting Unit: LHIO Alaminos		

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.

By the authority of the MSD Chief: Very truly yours,

SALLY S. GOMEZ
SALLY S. GOMEZ
HRMO III/Acting ASS Chief

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>4,300.00</u>		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	DENNIS B. ADRE Regional Vice President
With in the COB: <u>9024</u> Expense Code: <u>5021305001 / STOB 10</u> Budget: <u>P 4,300.00</u> Remarks: <u>LHIO-LDP</u>		MARICAR M. ARZADON, M.D. MD VII / CHIEF, SCMD JUN 10 2024
Received copy of J.O. on <u>06-11-24</u> Date		CONFIRME: <i>[Signature]</i> Signature over Printed Name of Supplier / Representative

