

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

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

Supplier: **MANAWARI BEAUTY AND WELLNESS HUB**
Address: San Miguel, Calasiao, Pangasinan
Tel. Fax No.: 09685649279
Supplier Registered with: 604-987-581-0000 NV

Work Order No.: 24_28
Date: 6/14/2024
Term of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office on July 2-3, 2024 from receipt hereof the following:

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	234	pax	Relaxation and Grooming Services (Basic facial, Body massage, Hand spa, Foot spa, etc.) XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXX Less: TAX VAT (3%) EWT (2%) PR No. 24-0506-0213 (5029918009) For the Conduct of PRO1 PhilHealth Activity for CY 2024	250.00 Total Total - Net of Tax	58,500.00 58,500.00 1,755.00 1,170.00 55,575.00

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 corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

Very truly yours,

BY THE AUTHORITY OF THE *Budget Officer*
Roseal L. Ferrer
ROSEAL L. FERRER
FISCAL CLERK III

Cynthia A. Santos
CYNTHIA A. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>58,500</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief <i>By the Authority of the FMS Chief:</i> JOSE A. MONES Fiscal Controller III 6-18-24	DENNIS B. ADRE Regional Vice President BY: <i>[Signature]</i> JUN 18 2024 JOSEPHINE Q. QUITON DCIV, FDD DIC-ORVP, PRO1
With in the COB: <u>2024</u> Expense Code: <u>5029918009/STEB 7</u> Budget: <u>P 58,500.00</u> Remarks: <u>HO Support</u>		
Received copy of J.O. on	<u>JUNE 20 2024</u> Date	CONFORME: <i>[Signature]</i> COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group) Signature over Printed Name of Supplier / Representative



JUN 21 2024

RECEIVED BY: al