9/24/24 4:40

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P- 007

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO 1

Supplier: SOLIS APPLIANCE SERVICE CENTER
Address: Marcos Ave., Palamis, Alaminos City, Pangasinan
Tel. Fax No.: 0919-9933655
Supplier Registered with: 176-630-529-000 V

Work Order No.: 24_50
Date: 9/24/2024
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
			Cleaning and Maintenance of Aircons of WP LHIO-Alaminos for the Third (3rd) Qtr. Of 2024		
1	1	unit	Floor Mounted Airconditioner	1,300.00	1,300.00
2	3	unit	Wall Mounted Airconditioner	1,000.00	3,000.00
			xxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxx	TOTAL	4,300.00
			Less: TAX		
			. VAT (5%/1.12)		191.96
			PR No. 24-0916-0398 (5021305001)	Total - Net of Tax	4,108.04
			Requesting Unit: LHIO Western Pangasinan		

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 through fax or e-mail.

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 (M/W/F).

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.

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

By the Authority of the Manager/s/m

SALLY S. GOMEZ
HMO II / Acting ASS Chief

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified True C. BRAVO
Fiscal Controller II

JOSE A. MONES
Fiscal Controller III

FC II

EDWARD Q. ESPIRITU
FC IV / FMS Chief

APPROVED:

DENNIS B. ADRE
Regional Vice President

SEP 25 2024

With in the COB: 2024
Expense Code: 5021305021
Budget: LHIO-WP-4300
Remarks:

Received copy of J.O. on 10-4-2024
Date

CONFORME:
Signature over Printed Name of Supplier / Representative

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
OCT 07 2024
RECEIVED BY: