Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

JOB ORDER

(Non - Inventoriable Items)

OFFICE/DEPARTMENT: PRO I

Supplier: SOLIS APPLIANCE SERVICE CENTER
Address: Palamis, Alaminos City, Pangasinan
Tel. Fax No.: 9199933655
Supplier Registered with: 176-630-529-000 V

Work Order No.: 24_59
Date: 11/15/2024
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	Floor Mounted Airconditioner	1,300.00	1,300.00
2	3	units	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
			EWT (2%/1.12)		76.79
			PR No. 24-1011-0435 (5021305001) Requesting Unit: LHIO Alaminos Purpose: Cleaning & Maintenance of Aircon	Total - Net of Tax	4,031.25

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 (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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

BY THE AUTHORITY OF THE BUDGET OFFICER:
11/19/2024
AYKIM P. AQUINO
FC II

Certified Budget Available:	Funds Available in the amount of: 4,300.00	APPROVED
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	DENNIS B. ADRE Regional Vice President
With in the COB: 2024 Expense Code: 5021305001 Budget: 4,300.00 Remarks:		MARLENE D. SOUBA, MD MEDICAL SPECIALIST IV OIC-ORVP
Received copy of J.O. on	11-26-2024 Date	CONFORME: BEA NADINE ... Admin Asst Signature over Printed Name of Supplier / Representative

NOV 2 2 2024

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
DEC 03 2024
RECEIVED BY:

for payment admin.