

POMM-P-006

## JOB ORDER

Supplier: **KRAMS REFRIGERATION AND AIRCONDITIONING SPECIALIST**JO No: **2025-02-004**

Address: #157 R&amp;B Bldg., Manalo St., Barangay Tanglaw, Puerto Princesa City, Palawan

Date: **February 12, 2025**Contact Details: **09165705733**Terms of Payment: **On Account**Mode of Procurement: **Negotiated Procurement-Small Value Procurement (Sec.53.9)**

Please deliver to this office the following item/s as scheduled for every quarter:

No.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			<b>Preventive Maintenance and General Cleaning of Airconditioning Units for CY 2025 of LHIO Palawan</b>		
			<b>1<sup>st</sup> Quarter CY 2025</b>		
1	7	unit	Aircon Split Type Floor Mounted	1,500.00	10,500.00
2	2	unit	Aircon Split Type Wall Mounted	1,000.00	2,000.00
			<b>2<sup>nd</sup> Quarter CY 2025</b>		
3	7	unit	Aircon Split Type Floor Mounted	1,500.00	10,500.00
4	2	unit	Aircon Split Type Wall Mounted	1,000.00	2,000.00
			<b>3<sup>rd</sup> Quarter 2025</b>		
5	7	unit	Aircon Split Type Floor Mounted	1,500.00	10,500.00
6	2	unit	Aircon Split Type Wall Mounted	1,000.00	2,000.00
			<b>4<sup>th</sup> Quarter 2025</b>		
7	7	unit	Aircon Split Type Floor Mounted	1,500.00	10,500.00
8	2	unit	Aircon Split Type Wall Mounted	1,000.00	2,000.00
			<b>NOTHING FOLLOWS</b>		
			*Refer to Annex B of RFQ No. PAL-PROC-2025-008 for the other technical requirements of the contract.		
			The supplier must submit a copy of an updated Tax Clearance Certificate for the processing of payment.		
			<b>Subtotal</b>		<b>50,000.00</b>
			Less: CVAT 5%	2,232.14	
			EWT 2%	892.86	3,125.00
			<b>TOTAL</b>		<b>46,875.00</b>
			PR No.: <b>PAL-PROC-2025-008</b>		
			PR Date: <b>January 8, 2025</b>		

## Terms and Conditions:

- The Supplier shall provide/render the service/s on the schedule date and in accordance with the technical Specifications made as integral part of this Agreement and herein attached as Annex A.
- Defective, incompatible or non-compliant service/s as to specifications when quoted shall be rejected and returned to the Service Provider at the time of the provision/rendition of service/s.
- PRO IV-B shall impose a penalty in an amount equivalent to 1/10 of one percent (1%) of the cost of delayed service/s scheduled for provision/rendition for every day of delays liquidated damages.
- The authorized representative/s of the Service provider shall pick-up its payment at PRO IV-B place of business.
- If the date receipt of JO by the Service Provider is not indicated, it shall be deemed received on the day it was acknowledged to have been received by their representative/s either personally or by email.

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6. The owner or authorized representative/s shall sign a mutual Non-Disclosure Agreement (NDA)
7. The individual/s representing the Service Provider declares and states that he/she had been duly authorized by the entity's board of directors/trustees or owner to negotiate, enter and sign this Agreement. If such representation proves to be false, he/she shall fully understand that he/she can be held personally responsible for any legal consequences that may arise therefrom.
8. The contracting parties undertake to comply with office Order No. 0053-2015 " Reiteration of Philhealth No Gift Policy (Revision 2) which is deemed incorporated in this JO No Philhealth personnel shall solicit, demand or accept, directly or indirectly, any gift from any person, group or association or juridical entity, wether from [public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or which in connection with any transaction which may affect the functions of their office or influence the actions of directors or employess or create the appearance of a conflict of interest.
9. The supplier shall comply to Executive Order No. 398, s. 2005. Thus, among others, it shall pay taxes in full and on time and that failure to do so will entitle PRO IV-B to suspend payment for goods and services delivered by the Supplier. The supplier shall regularly present within the duration of the contract an updated Tax Clearance from the Bureau of Internal Revenue.

Very truly yours,

**ARACELI J. LAINEZ**

Division Chief IV, MSD

Certified Budget Available: Funds Available in the amount of 50,000.00

**CELY F. KADERAGAO**

**SHARMAINE PAULINE P. LACORTE**

SIO II/Budget Officer Designate

Fiscal Controller IM

Within the COB:

2024 MOOE

Expense Code:

5021305001

Budget:

50,000.00

Remarks:

OP H 2025-02-00078

Conforme:

for NELSON A. LAZARO  
**JOANA MARIE GATCHALIAN**

Signature over Printed Name of Authorized Representative

Approved by:

**ATTY. JERRY F. IBAY**

Regional Vice-President

Date Approved:

**MAR 03 2025**

Received copy of JO:

Date:

3/17/2025