PHILIPPINE HEALTH INSURANCE CORPORATION

 PhilHealth Region
 ffice IV-B

 ♥ XentroMall Batangas ..., Diversion Road, Brgy, Alangilan, Batangas City, Batangas 4200
 //4/0/4

 € (043) 723-8822 ⊕ www.philhealth.gov.ph
 PhilHealthRegionalOffice/VB X teamphilhealth

POMM-P-006

JOB ORDER

Supplier: JRS BUSINESS CORPORATION		JO No:	2025-03-01	24 .
Address: P. Burgos St., Batangas City		Date:	March 07, 2025	-
Contact Details: 09985370361; r.mapa@jrs-express.com.ph	1	Terms of Payment:	On Account	1
Mode of Procurement: Negotiated Procurement-Small Va	lue Proc	curement (Sec.53.9)	1	

Please render to this office the following:

PhilHealth

No.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	7490	pouch	Courier Services to various LHIOs, PhilHealth Central Office, other government agencies and private establishments	111.00	831,390.00
			NOTHING FOLLOWS		
			*Refer to Annex B of RFQ No. PRO-PROC-2025-012 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.		
			Subtotal		831,390.00
			Less: CVAT 5% EWT 2%	37,115.63 14,846.25	51,961.88
			TOTAL	14,040.20	779,428.12
			PR No.: PRO-PROC-2025-012 > PR Date: January 2, 2025 >		

Terms and Conditions:

- 1. 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.
- 2. Defective, incompatible or non-compliant service/s as to specifications when quoted shall be rejected and returned to the Service Provider at he time of the provision/rendition of service/s.
- 3. 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 delayas liquidated damages.
- 4. The authorized representative/s of the Service provider shall pick-up its payment at PRO IV-B place of business.
- 5. 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.
- 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.



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11	NESS CORPORATION	JO No: 2025-03-024. Date: March 07, 2025
	s St., Batangas City	Terms of Payment: On Account
Mode of Procurement	Negotiated Procurement-Small Value Procure	ement (Sec.53.9)
and that failure	all comply to Executive Order No. 398, s. 2005. Thus, amon to do so will entitle PRO IV-B to suspend payment for good egularly present within the duration of the contract an updat	s and services delivered by the Supplier. The
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CELY F. FADERAC SIO II/Budget Officer Within the COB:	Designate Fiscal Controller III 2025 MOOE	Approved by: ATTY. JERRY F. IBAY
CELY F. FADERAC SIO II/Budget Officer Within the COB: Expense Code:	AO SHARMAINE PAULINE P. LACORTE Designate Fiscal Controller III 2025 MOOE 50205010	ATTY. JERRY F. IBAX Regional Vice-President
CELY F. FADERAC SIO II/Budget Officer Within the COB: Expense Code: Budget:	AO SHARMAINE PAULINE P. LACORTE Designate Fiscal Controller III 2025 MOOE 50205010 831,390.00	ATTY. JERRY F. IBAX
CELY F. FADERAC SIO II/Budget Officer Within the COB: Expense Code: Budget: Remarks:	AO SHARMAINE PAULINE P. LACORTE Designate Fiscal Controller III 2025 MOOE 50205010	ATTY. JERRY F. IBAX Regional Vice-President Date Approved:
CELY F. FADERAC SIO II/Budget Officer Within the COB: Expense Code:	AO SHARMAINE PAULINE P. LACORTE Designate Fiscal Controller III 2025 MOOE 50205010 831,390.00	ATTY. JERRY F. IBAX Regional Vice-President

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