



7-Apr-2025

METROPOLITAN MEDICAL CENTER
ATTN: MS. KAT/TERESA
1357 G. MASANGKAY ST., TONDO MANILA CITY
TEL: 0956-3453958

Sir/ Madam,

This is to bill you on the service job done to your unit for the month of JANUARY 2025.
 Details of the charges are stated below and a copy of the Service Job Report is attached for your references:

DATE ATTENDED	SJR #	QUANTITY/MODEL	SERVICE JOB DONE	LOCATION	AMOUNT
24-Jan-25	HO-00239137	(1) KSM-IW20-WCT10M1M32	INSTALLATION	DRA. SAN JUAN / 13TH FLR	27,150.00
30-Jan-25	HO-00239135	(1) KSG-IWF-30WFY-8K1M32	INSTALLATION	RADIOLOGY	21,900.00
TOTAL AMOUNT DUE					P <u>49,050.00</u>

For any clarifications please feel free to call the Undersigned at the telephone number **8852-6473**

Note: If check payment, please prepare check payable to **Kolin Philippines International Inc.**
Account #: BDO - KALAYAAN **011808000428**

Note: In case thru Bank Deposit under BDO Account, kindly indicate SJR# for your Bank Reference in the deposit slip and Fax to **(632) 8852-6473** or E-mail to: **kmi_asst@kolinphil.com.ph**

Prepared by:

Janellen S. Lim
 KMI - Assistant

Noted by:

Mar Nathaniel R. Flores
 KMI - Supervisor

Received by:

Signature over printed name

Kolin Philippines Int'l., Inc.

Plant and Head Office:
 Blk 3 Lt 5 Main Drive, FCIE Compound,
 Brgy. Langkaan I, Dasmariñas, Cavite
 Tel: (632) 8749-2118
 Fax (046) 402-0793
[www.kolinphil.com.ph / kolinphilippines](http://www.kolinphil.com.ph)

Operation Office:
 1854 Sta. Rita St., Guadalupe Nuevo,
 Makati City
 Tel: (632) 8851-2711, 12 or 15
 Fax: (632) 8852-2170
 Sales Dept. Fax: (632) 8852-4791





Customer	Metropolitan Medical Center					Date	01-22-2025			
Address	, 1357-G. Masangkay St., Brgy. Tondo, MANILA CITY, Metro Manila					Start Time	10:37 am			
						End Time	10:38 am			
Telephone No.			Mobile No.	0977-8029411		Relayed by	Ma. Donna / KMI			
Contact Person	Ms. Theresa/ Kat	Mobile No.	---	Tel. No.		Warranty Type	G			
Warranty Code				Room Size		Job Class	INST			
Model	KSM-IW25-WCT10M1M32			Call Origin	IO	Job Type	FD			
S/N (I)			S/N (O)			Permit? <input type="checkbox"/>	Parking? <input type="checkbox"/>	Appointment? <input type="checkbox"/>	O.R. <input checked="" type="checkbox"/>	Ladder? <input type="checkbox"/>
Dealer	KMI		DOP	09/03/2024		Notes RKH * 2 SAC for Installation.				
Installer			Complaint	For Installation						
Location	Dra. San Juan/ 13th Fl	Before	After							
Mode Setting (Cool)				No. of Visit	1st Action		Tentative Sched		01/24/2025	
WAC Setting Temp(16°C-RE)/(10/12-ME)				Findings						
SAC/PAC Setting Temp (17°)										
Discharge Temperature (High)										
Intake Temperature (High)										
Ampere				Recommendation						
Wattage (Inverter)										
Voltage										
SAC/PAC Pressure (PSI)										
Part Code		Description				Qty	Unit Price	Amount		
SR No.						Labor				
Repair Done	Findings - For Installation (KSM-IW20-WCT10M1M32), Recommendation - FOR START UP OF UNIT/NO POWER SUPPLY , Repair Done - INSTALLATION OF INDOOR OUTDOOR UNIT/LAY OUT COPPER TUBBINGS & DRAIN LINE/FLUSHING					Handling Others				
Repair Code	SAC/COOLING/HEAT TEST/FP - 3.0HP Inverter and Non Inverter (includes 10ft. copper tube, 10ft. royal cord, rubber insulation, ordinary bracket, drainhose / PVC drain pipe 3/4)									
Date Attended	01/24/2025	Date Finished	01/24/2025			Amount Paid				
Time Attended	12:00 am	Time Finished	12:00 am			Balance				
This serves as temporary receipt when properly filled up by authorized representative.				Check No.			Bank / Branch			
Serviced by: RKH		By signing below, I authorize or give consent to Kolin Philippines International, Inc. and its ASC to collect, store and process my personal information for availing service as required by Data Privacy Act of 2012 and other applicable laws and regulations.								
		I hereby agree to the above repair charges incurred/to be incurred to my unit and to the terms and conditions stated at the back, and that I received the unit in good working condition.								
		Created by: GRACE PIELAGO CSR		Conformed by:						
Technician(s)										

Customer Metropolitan Medical Center					Date	01-22-2025				
Address . 1357-G. Masangkay St., Brgy. Tondo, MANILA CITY, Metro Manila					Start Time	10:31 am				
					End Time	10:37 am				
Telephone No.			Mobile No.	0977-8029411		Relayed by	Ms. Donna / KMI			
Contact Person	Ms. Theresa/ Kat	Mobile No. ...	Tel. No.			Warranty Type	C			
Warranty Code				Room Size			Job Class	INST	LVL	2
Model	KSG-IWF-30WFY-8K1M32-I			Call Origin	IO		Job Type	FD		
S/N (i)			S/N (O)			Permit? <input type="checkbox"/>	Parking? <input type="checkbox"/>	Appointment? <input type="checkbox"/>	O.R. <input checked="" type="checkbox"/>	Ladder? <input type="checkbox"/>
Dealer	KMI		DOP	09/03/2024		Notes RKH * 2 SAC for Installation.				
Installer			Complaint	For Installation						
Location	Radiology		Before	After						
Mode Setting (Cool)					No. of Visit	1st Action		Tentative Sched	01/24/2025	
WAC Setting Temp(16°C-RE)/(10/12-ME)					Findings					
SAC/PAC Setting Temp (17°)										
Discharge Temperature (High)										
Intake Temperature (High)										
Ampore					Recommendation					
Wattage (Inverter)										
Voltage										
SAC/PAC Pressure (PSI)										
Part Code	Description					Qty	Unit Price	Amount		
SR No.						Labor				
Repair Done	Findings - RESCHED NEXT WEEK, Recommendation - , Repair Done - ,					Handling				
Repair Code	SAE18-3-Installation					Others				
Date Attended	01/24/2025	1/20	Date Finished	01/24/2025	1/20	Total				
Time Attended	12:00 am		Time Finished	12:00 am		Amount Paid				
This serves as temporary receipt when properly filled up by authorized representative.					Check No.	Balance				
Serviced by: RKH		By signing below, I authorize or give consent to Kolin Philippines International, Inc. and its ASC to collect, store and process my personal information for availing service as required by Data Privacy Act of 2012 and other applicable laws and regulations.								
		I hereby agree to the above repair charges incurred/to be incurred to my unit and to the terms and conditions stated at the back, and that I received the unit in good working condition.								
		Created by:			Conformed by:					
		GRACE PIELAGO								
		CSR								
Technician(s)		Customer (Signature over printed name)								

KOLIN PHILS. INT'L. INC.
STATEMENT OF ACCOUNT / SUMMARY CLAIMS

ASC NAME:	RKH AIRCONDITIONING SERVICES
SOA #	
PERIOD COVER:	JAN 24 2025 – JAN 30 2025
DATE SUBMITTED:	02/06/2025

NO.	SJR No.	Customer Name	Customer Address	Contact No.	Model	DOP	Serial Indoor	Serial Outdoor	Dealer	Date Attended	Date Finished	Job done	PRICE	Other Remarks
1	HO-00239137	METROPOLITAN MEDICAL CENTER	1357 G MASANGKAY ST.TONDO MANILA CITY	9563453958	KSM-IW20-WCT10M1M32	C/O KMI	18652404-16012	18662404-14676	KMI	01/24/25	01/24/25	INSTALLATION OF INDOOR & OUTDOOR UNIT, LAY	27,150.00	
2	HO-00239135	METROPOLITAN MEDICAL CENTER	1357 G MASANGKAY ST.TONDO MANILA CITY	9563453958	KSG-IWF-30WFY-8K1M32	C/O KMI	18512404-17186	18522404-17310	KMI	01/30/25	01/30/25	INSTALLATION OF INDOOR & OUTDOOR UNIT, LAY	21,900.00	
													TOTAL	49,050

GUIDELINES:

1. Fill Up all the details above properly.
2. Size of SOA must be printed in Long/Legal size attached to Folder with fastener.
3. All jobs with borrowed parts are subject to liquidation prior to claiming.
4. If the date installation is more than a month, input the reason in column of other remarks.

PREPARED BY:

CATHERINE HERNANDEZ