



19-May-2025

METROPOLITAN MEDICAL CENTER
ATTN: MS. KAT/THERESA
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 MAY 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
05-May-25	HO-00253569	(1) KSM-IW25-WCT10M1M32	INSTALLATION	ANNEX ROOM 102	27,800.00
05-May-25	HO-00253571	(1) KSM-IW15-WCT10M1M32	INSTALLATION	ANNEX ROOM 106	35,050.00
TOTAL AMOUNT DUE					P. 62,850.00

Notes:

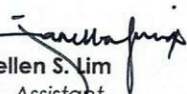
* If check payment, please prepare check payable to **Kolin Philippines International Inc.**

Account #: 011808000428 - BDO - KALAYAAN

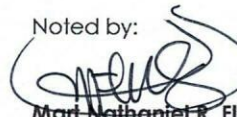
* In case thru Bank Deposit under BDO Account, kindly indicate **(1) SJR#** as Reference No. on the deposit slip
Kindly send proof of payment to **viber 0917-8078607** or E-mail to: **kmi_asst@kolinphil.com.ph**

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

Prepared by:


Janellen S. Lim
KMI - Assistant

Noted by:


Mari 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

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



HO-00253569

HQ-00248021

~~S/N (I)~~Mode S

Repair D

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.

Conformed by:

Customer

2173 Pasigline Sta. Ana, Manila
☎ 0917-557-1506 ☎ 0976-040-6971 ☎ (02) 8353 1027

2173 Pasigline Sta. Ana, Manila

Q 0917-557-1506

□ 0976-040-6971

☎ (02) 8353 1027

No 4499

Date : MAY 5, 2025

Model: KSM-1425-WCT10MIN

Serial No. Indoor: _____

Serial No. Outdoor: _____

Dealer : _____

SI OR #: _____

Warranty : _____

Chargeable : _____

[illegible]

Trouble Reported: INSTALL

Recommendation :

Work Done :

Final TEST UNIT OF

05.65.25

CARL DE VERA

Signature Over Printed Name / Date
(Customer)

MEUN

Signature Over Printed Name / Date
(Technician)

G. UNIT OPERATION / FUNCTIONS

HO-00253571

No.
Previous SJR No.

Customer		Metropolitan Medical Center				Date		04-30-2025			
Address		, 1357-G. Masangkay St., , Brgy. Tondo, MANILA CITY, Metro Manila				Start Time		10:36 am			
						End Time		10:39 am			
Telephone No.				Mobile No.		0977-8029411		Relayed by		Ms. Donna / KMI	
Contact Person		Ms. Theresa/ Kat		Mobile No.		---		Tel. No.			
Warranty Code				Room Size				Warranty Type		C	
Model		KSM-IW15-WCT10M1M32		Call Origin		IO		Job Class		INST LVL 1	
S/N (I)				S/N (O)				Permit? <input type="checkbox"/>		Parking? <input type="checkbox"/>	
Dealer		KMI		DOP		03/27/2025		Appointment? <input type="checkbox"/>		O.R.? <input type="checkbox"/>	
Installer				Complaint		For Installation		Notes		Grasit * 2SAC for Install * PFA# 0799 * NA KAY CUSTOMER NA PO UNIT (MARCH 31, 2025) * ECV REFERRAL	
Location		Annex Room 106		Before		After					
Mode Setting (Cool)						No. of Visit		1st Action		Tentative Sched	
WAC Setting Temp(16°C-RE)/(10/12-ME)								Findings		05/05/2025	
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 - installation, Recommendation - KOLIN 1.5HP, Repair Done - INSTALLATION OF UNIT, UNIT TEST OK				Handling					
						Others					
Repair Code		SAC18-2 - Installation				Total					
Date Attended		05/05/2025		Date Finished		05/05/2025		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: Grasit		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:					

