

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

TEL: 0956-3453958

Sir/ Madam,

This is to remind you of your unsettled bill for 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 D	UE		₽_	49,050.00

Noted by

KMI - Supervisor

Nathaniel R. Flores

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

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



1854 Sta. Rita St., Gu Tel. No.: 8852-6868 / Vebsite: www.kolinph	adalupe Nuevo, Makati City Mobile: 0917-811-8982 / Email: iil.com.ph	No.	HO-00239137								
Customer	Metropolitan Medic		in order to the	01-22-2025							
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Serviced by: RKI		nformation for	ow, i authorize	or give cons	erit to voiin Ph	inppines inter	auonal, Inc. and	its ASC to collect, store	and process	my perso	onal

Customer (Signature over printed name)

GRACE PIELAGO

CSR

Technician(s)

0100 010 00 000400

Kolin Philippines Int'I., Inc. SERVICE JOB REPORT 1854 Sta. Rita St., Guadalupe Nuevo, Makati City Tel. No.: 8852-6868 / Mobile: 0917-911-8982 / Email: service@kolinphil.com.ph Website: www.kolinphil.com.ph HO-00239135 Previous SJR No. HQ-00234675 Customer Date Metropolitan Medical Center 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. Theresal Kat Mobile No. Tel. No. Warranty Type C Warranty Code Room Size Job Class LVL 2 INST odel KSG-IWF-30WFY-8K1M32-I 10 Call Origin Job Type FD S/N (I) S/N (O) Permit? Parking? Appointment? 0.R.X Ladder? Dealer KMI DOP 09/03/2024 Notes RKH * 2 SAC for Installation. Installer Complaint For Installation Location Before After Radiology Mode Setting (Cool) No. of Visit Tentative Sched 1st Action 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 Handling indings - RESCHED NEXTWEEK, Recommendation - ., Repair Done Repair Done Others / Installation Repair Code Total

10 **Date Attended** Date Finishe/24/2025 **Amount Paid** Time Attended Time Finishedo am 12:00 am Balance This serves as temporary receipt when properly filled up by authorized representative. Check No. Bank / Branch 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. Serviced by: RKH 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** Customer Technician(s) (Signature over printed name)

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

ASC NAME: SOA # RKH AIRCONDITIONING SERVICES

PERIOD COVER:

JAN 24 2025 – JAN 30 2025 02/06/2025

DATE SUBMITTED: 0

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	с/о кмі	18512404-17186	18522404-17310	KIMI	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