



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 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:

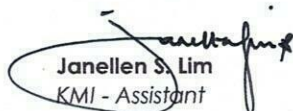
DATE ATTENDED	SJR #	QUANTITY/MODEL	SERVICE JOB DONE	LOCATION	AMOUNT
24-Jan-25	HO-00239137	(1) KSM-IW20-WCT10M1M32	INSTALLATION	DRA. SAN JUAN / 13TH FLR	27,150.00
30-Jan-25	HO-00239135	(1) KSG-IWF-30WFY-8K1M32	INSTALLATION	RADIOLOGY	21,900.00
TOTAL AMOUNT DUE					P 49,050.00

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:


Mari Nathaniel B. 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





1854 Sta. Rita St., Guadalupe Nuevo, Makati City
Tel. No.: 8852-6868 / Mobile: 0917-811-8982 / Email: service@kolinphil.com.ph
Website: www.kolinphil.com.ph kolinphilippines

SERVICE JOB REPORT

No.	HO-00239137
Previous S.I.R. No.	HO-00234875

[illegible]



SERVICE JOB REPORT

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 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)											
Ampere						Recommendation					
Wattage (Inverter)											
Voltage											
SAC/PAC Pressure (PSI)											
Part Code		Description				Qty		Unit Price		Amount	
SR No.		Installed						Labor			
Repair Done		Findings - RESCHED NEXTWEEK, Recommendation - , Repair Done - ,						Handling			
Repair Code		SAE18-3 + Installation						Others			
Date Attended		01/24/2025		Date Finished		01/24/2025		Total			
Time Attended		12:00 am		Time Finished		12:00 am		Amount Paid			
								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:				Conformed by:					
Technician(s)		GRACE PIELAGO CSR				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