

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
 709 CityState Center Bldg.
 Shaw Blvd. Brgy. Oranbo, Pasig City
 TeleFax: 637-4735

PRID-PS-08

JOB ORDER
 (Non-Inventoriable Items)

Supplier **OCEANLINK TRAVEL & TOURS**
 Address **05 Bagong Calzada St. Brgy. Ususan, Taguig City**
 Tel.Fax No. **568-1669 544-5575**
 Supplier Registered with: **PHILHEALTH**

Work Order No. **14-01-003**
 Date: **January 27, 2014**
 Term of Payment: **On Account**
 Mode of Procurement: **Small Value**

Please deliver to this office within **As per schedule** upon approval of the following

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	1	lot	RENTAL OF 30-SEATER BUS ON JAN. 27, 2014 " Workshop on Planning and Forecasting Pick-up PhilHealth Pasig - CityState Center to Baguio City Jan. 27, 2014 @ 8:00 AM Hotel Elizabeth, Baguio City Jan. 30, 2014 @ 10:00 AM LESS: EWT 5% 1,825 GMP 5% 1,095 01-159 RIV # 14-0026 dtd. 01/22/14 PRID-GSBMD - Emily D. Briones	36,500.00	36,500.00
					36,500.00
					2,920
					33,580

Terms & Conditions:

- All buses/coaster to be used shall be provided by the supplier/contractor and it shall be the supplier's responsibility to maintain such buses/coaster in good, safe, working order and in compliance with all laws and regulations applicable thereto.
- All drivers must be appropriately licensed, competent, responsible individuals and shall be employees of the supplier. In the event of default, supplier shall be liable for any expense including but not limited to damages, attorney's fees and court cost.
- Operate the service in accordance with the approved timetable;
- Convey all participants who at the appropriate time are present at such place or places as specified in this Job Order;
- The supplier should not sub-contract the whole or any part the service without prior written consent from the Corporation

Very truly yours,

[Signature]
ELY E. ROXAS

Administrative Officer III

Certified Budget Available: <i>[Signature]</i>	Funds Available in the amount of: Php36,500.00	APPROVED: <i>[Signature]</i> LEILA S. TUAZON OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III	
Within the COB: <i>[Signature]</i> Expense Code: <i>[Signature]</i> Budget: <i>[Signature]</i> Remarks: <i>[Signature]</i>		
CONFORME: Signature over Printed Name and Position of authorized representative		Received copy of J.O.: Date