

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

PRID-PS-08

**J O B O R D E R**  
 (Non-Inventoriable Items)

Supplier **TF EVENTS & RESOURCES INC.**  
 Address **05 Bagong Calzada St. Brgy. Ususan, Taguig City**  
 Tel.Fax No. **568-1669 544-5575**  
 Supplier Registered with: **PHILHEALTH**

Work Order No. **14-02-005**  
 Date: **February 4, 2014**  
 Term of Payment: **On Account**  
 Mode of Procurement: **Small Value Procurement**

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	<b>RENTAL OF 30-SEATER BUS ON February 3 - 5, 2014 " Authorization for the Conduct of an Internal Audit Forum, and for Certain Persons to Attend Forum</b> Pick-up PhilHealth Pasig - CityState Center to One Tagaytay Hotel February 3, 2014 @ 7:00 AM  One Tagaytay Hotel to PHIC Pasig February 05, 2014 @ 12:00 PM	24,000.00	24,000.00
			LESS: EWT 5% 1,071.43 GMP 5% 1,071.43		24,000.00
					2,142.86
					21,857.14
			RIV # <b>02-083</b> 14-0037 dtd. 01/29/14 PRID-GSBMD - Emily D. Briones		

**Terms & Conditions:**

1. 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.
2. 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.
3. Operate the service in accordance with the approved timetable;
4. Convey all participants who at the appropriate time are present at such place or places as specified in this Job Order;
5. 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> <b>CORAZON M. TABULAO</b> Fiscal Controller III		Funds Available in the amount of: <b>Php24,000.00</b> <i>[Signature]</i> <b>LILIA R. GARRIDO</b> Fiscal Controller III	APPROVED: <i>[Signature]</i> <b>LEILA S. TUAZON</b> OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <b>2014. AUTHO. FY 2014</b> Expense Code: <b>8411-60 / MFO: GASS</b> Budget: <b>24,000 - / PPA: PRID</b> Remarks: <b>Per PO 1951, 52015</b>			
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative			Received copy of J.O.: <b>21 FEB 14</b> Date