

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. **14-02-008**
 Date: **February 17, 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	RENTAL OF 30-SEATER BUS ON FEB. 16 - 17, 2014 " Conduct of Training National Health Insurance Act of 2013 @ San Fernando, La Union Pick-up PhilHealth Pasig on Feb., 16, 2014 @ 2:00 pm to San Fernando, La Union San Fernando, La Union on Feb: 17, 2014 @ 6:00 pm to PhilHealth Pasig LESS: EWT 5% 2,000.00 GMP 3% 1,200.00 RIV # 14-0048 dtd. 02/15/14 PRID-GSBMD - Emily D. Briones	40,000.00	40,000.00
					40,000.00
					3,200.00
					36,800.00

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,

ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php40,000.00	APPROVED: LEILA S. TUAZON OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
ROSAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III		
Within the COB: 001, AMHO, FY 2014 Expense Code: 8411-00 NFO: GACI Budget: 40,000- PPA: PRAD Remarks: PhilHealth RCT 1-5 2013			Received copy of J.O.: FEB 19 2014 Date
CONFORME: RESULITO Signature over Printed Name and Position of authorized representative			