



709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City

TeleFax: 637-3158 637-4735

PRID-PS-08

JOB ORDER (Non-Inventoriable Items)

Supplier	TOYOTA MA	KATI INC.	Work Order No.	14-02-010 February 20, 2014 On Account	
Address	Ayala cor. Metr	opolitan Avenue Bel Air Village, Makati City	Date:		
Tel.Fax No.	897-3333		Term of Payment:		
Supplier Registered with:		PHILHEALTH	Mode of Procurement:	Small Value Procurement	

Please deliver to this office within 10 working days upon approval of the following

NO.	QΤΥ	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
			CHANGE OIL/CHECK-UP 10000 km		-
			OF 2 UNITS OF TOYOTA INNOVA		
1	1	UNIT	PLATE NO. SKS - 329	5,799.90	5,799.90
2	1	UNIT	PLATE NO. SLD - 689	5,799.90	5,799.9 0
	<u> </u>				
		ļ			11,599.8
			LESS:		
		ļ	EWT 2% 207.14		
		Ī	GMP 5% 517.85		724.99
	[}			10,874.8
į	Í		02-252	·	
			14-0030 dtd. 01/28/14 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, ELY E. ROXAS Administrative Officer III
CORAZON M. TABULAO FISCAL CONTROLLER III Within the COB: Expense Code: Budget: PARTICAL CONTROLLER III WITHIN THE COB: Expense Code: Budget: FISCAL CONTROLLER III WITHIN THE COB: Expense Code: Budget: FISCAL CONTROLLER III F	
CONFORME: Signature over Printed Name and Position of authority representative	Received copy of J.O.: TOTIZED Date