

J O B O R D E R
 (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. **14-03-031**
 Date: **March 21, 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 60 - SEATER BUS ON March 24 - 27, 2014 "Workshop on the Integration of BDRD System" Pick-up PhilHealth Pasig on March 24, 2014 @ 8:00 AM to Clark, Pampanga Clark Pampanga on March 27, 2014 @ 1:00 pm to PhilHealth Pasig LESS: EWT 5% 1,375.00 PT 3% 825.00 RIV # 14-0229 dtd. 03/11/14 PRID-GSBMD - Emily D. Briones	27,500.00	27,500.00 27,500.00 2,200.00 25,300.00
				03	312

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> CORAZON M. TABULAO Fiscal Controller III		Funds Available in the amount of: Php27,500.00 LILIA B. GARRIDO Fiscal Controller III	APPROVED: <i>[Signature]</i> LEILA S. TUAZON OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <i>[Signature]</i> Expense Code: <i>[Signature]</i> Budget: <i>[Signature]</i> Remarks: <i>[Signature]</i>			
CONFORME: <i>[Signature]</i> DARYL BERNARDO Signature over Printed Name and Position of authorized representative		Received copy of J.O.: 04/04/14 Date	