REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation

709 CityState Center Bldg.
Shaw Blvd. Brgy. Oranbo, Pasig City
TeleFax: 637-3158 637-4735

PRID-PS-08

JOB ORDER

(Non-Inventoriable Items)

Supplier	FMR CORPO	RATION	Work Order No.	14-03-033	
Address	273 Roosevelt	Ave. San Francisco Del Monte, Quezon City	Date: March 25, 2014		
Tel.Fax No. 741-5078, 413-3290, Telefax No. 742-5980		3290, Telefax No. 742-5980	Term of Payment:	On Account	
Supplier Registered with:		PHILHEALTH	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		TOTAL AMOUNT
1	1	LOT	RENTAL OF 60 - SEATER BUS ON March 26 - 28, 2014	36,000.00	36,000.00
			"Secretarialt for the Blds and Awards Committee"		
			Pick-up		
			PhilHealth Pasig on March 26, 2014 @ 7:00 AM		
			to Subic Zambates		
			Subic Zambales on March 28, 2014 @ 2:00 pm to PhilHealth Pasig		
					36,000.0
			LESS;		00,000.0
			EWT 5% 1,607.14		
			PT 5% 1,607.14		3,214.2
				! t	32,785.7
			RIV# AS Si		
			14-0 dtd. 03/18/14 PRID-GSBMD - Emily D. Briones	034	332

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	y truly yours,
	ELY E. ROXAS Administrative Officer III
CORAZON M. TABULAO Fiscal Controller III Within the COB: COB: COB: COB: COB: COB: COB: COB:	APPROVED: JUNION LEILA S. TUAZON OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
CONFORME: Delloev + Bayodov Signature over Printed Name and Position of authorized representative	Received copy of J.O.: 3 2 6 14 Date