

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

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

Supplier **FMR CORPORATION**
 Address **273 Roosevelt Ave. San Francisco Del Monte, Quezon City**
 Tel.Fax No. **741-5078, 413-3290, Telefax No. 742-5980**
 Supplier Registered with: **PHILHEALTH**

Work Order No. **14-04-036**
 Date: **April 10, 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 April 10, 2014 "Conduct of Supply Officer Designates (SOD) Forum" Pick-up PhilHealth Pasig on April 10, 2014 @ 7:00 AM to DAP - Tagaytay City DAP - Tagaytay City On April 11, 2014 @ 12:00 PM to PhilHealth Pasig LESS: EWT 5% 1,026.79 PT 5% 1,026.79 RIV # 14-0284 dtd. 04/02/14 PRID-GSBMD - Emily D. Briones	23,000.00	23,000.00 23,000.00 2,053.58 20,946.42

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

Certified Budget Available: <i>com. follow</i>	Funds Available in the amount of: Php23,000.00	APPROVED:
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III	<i>Leila S. Tuazon</i> LEILA S. TUAZON OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: CY 2014 Expense Code: 864-02 (Rent Exp.) Budget: 23,000 / month Remarks: per POK #1864, 3-20-14		
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative		Received copy of J.O. # 9/21/14 Date