

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. **14-05-046**
 Date: **May 5, 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 "Workshop on the Amendment of Office Order # 84 s. 2012" Pick-up PhilHealth Pasig on April 27, 2014 @ 1:00 AM Clarkfield Pampanga Clarkfield Pampanga on April 30, 2014 @ 1:00 PM to PhilHealth Pasig LESS: EWT 5% 1,250.00 PT 5% 1,250.00 RIV # 14-0323 dtd. 04/25/14 PRID-GSBMD - Emily D. Briones	28,000.00	28,000.00
					28,000.00
					2,500.00
					25,500.00

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,

[Signature]
ELVIE E. ROXAS III
 Administrative Officer III

Certified Budget Available: <i>[Signature]</i> Funds Available in the amount of: Php28,000.00		APPROVED: <i>[Signature]</i> LEILA S. TUAZON OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
CORAZON M. TABULAO Fiscal Controller III LILIA E. GARRIDO Fiscal Controller III		
Within the COB: 54 2014 Expense Code: 66400 / LPO: 6ASS Budget: 28,000 - 1 PPA PRIP Remarks:		Received copy of J.O.: 3/8/14 Date
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative		