

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. **14-06-061**
 Date: June 24, 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	3	LOT	RENTAL OF 60 - SEATER BUS "Integrated Planning and Budget Forum for Cys 2015-2016 Corporate Operating Budgets" in Baguio City Pick-up PhilHealth Pasig on June 16, 2014 @ 11:00 AM Baguio City Baguio City on June 20, 2014 @ 10:00 AM to PhilHealth Pasig LESS: EWT 5% 8,524.55 PT 5% 8,524.55 RIV # 14-0441 dtd. 06/10/14 PRID-GSBMD - Emily D. Briones <div style="text-align: right; font-size: 1.5em;">06 - 371</div>	63,650.00	190,950.00
					190,950.00
					17,049.11
					173,900.89

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]
ELY E. ROXAS

Administrative Officer III

Certified Budget Available: <i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III		Funds Available in the amount of: Php190,950.00 <i>[Signature]</i> 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> Signature over Printed Name and Position of authorized representative			Received copy of J.O.: <i>[Signature]</i> Date