

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 **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. **14-06-062**  
 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	LOT	<b>30 SEATER BUS RENTAL</b>  To ferry Choir Members to "One PhilHealth Team: Building and Activating our Goals for the Organization (B.A.G.O) on May 28, 2014 at SMBA, Subic Zambales  Pick-up PhilHealth Pasig on May 28, 2014 @ 4:00 AM to Subic, Zambales  Subic Zambales on May 28, 2014 @ 5:00 PM to PhilHealth Pasig	24,500.00	24,500.00
			LESS: EWT 5% 1,225.00 ✓ PT 3% 735.00 ✓		24,500.00
					1,960.00
					<b>22,540.00</b>
			RIV # 14-0400 dtd. 03/27/14 PRID-GSBMD - Emily D. Briones		

06 - 372

**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> <b>CORAZON M. TABULAO</b> Fiscal Controller III	Funds Available in the amount of: <b>Php24,500.00</b> <i>[Signature]</i> <b>LILIA R. GARRIDO</b> Fiscal Controller III	APPROVED:  <i>[Signature]</i> <b>LEILA S. TUASON</b> OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>FY 2014</u> Expense Code: <u>804-00 / MFO: GRS</u> Budget: <u>24,500 / PPA: PPA</u> Remarks: <u>[Handwritten]</u>		
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative		Received copy of J.O.: <b>06-27-14</b> Date