

JOB ORDER

(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. **14-07-070**
 Date: **July 15, 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	30 SEATER BUS RENTAL Pconsultantive Forum to Finalize Policies on Income Retention amendment to PC54 Pick-up PhilHealth Pasig on July 14, 2014 @ 9:00 AM to Clarkfield, Pampanga Clarkfield, Pampanga on July 17, 2014 @ 1:00 PM to PhilHealth Pasig LESS: EWT 5% 1,375.00 PT 3% 825.00 RIV # 07-245 14-0544 dtd. 07/11/14 PRID-GSBMD - Emily D. Briones	27,500.00	27,500.00
					27,500.00
					2,200.00
					25,300.00

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,

ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php27,500.00
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO 7/23/14 Fiscal Controller III	APPROVED: LEILA S. TUAZON OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: CT 2014	Expense Code: 8001 Rent Expense	
Budget: 27,500.00	Remarks: Assigned to PRID	
CONFORME: Euimar Goarte Signature over Printed Name and Position of authorized representative		Received copy of J.O.: July 25, 2014 Date