

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
 709 CityState Center Bldg.
 Shaw Blvd. Brgy. Oranbo, Pasig City
 TeleFax: 637-3158 637-4735

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. **14-08-073**
 Date: **August 7, 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	60 SEATER BUS RENTAL PhilHealth National Legal Forum on August 06 -08, 2014 , Baguio City Pick-up PhilHealth Pasig on August 06, 2014 @ 8:00 AM to Baguio City Baguio City on August 08, 2014 @ 11:00 AM to PhilHealth Pasig LESS: EWT 5% 2,200.00 / PT 3% 1,320.00 / RIV # 14-0595 dtd. 07-30-14 PRID-GSMD - Emily D. Briones	44,000.00	44,000.00 44,000.00 3,520.00 40,480.00
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Terms & Conditions:

- 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.
 - 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.
- Operate the service in accordance with the approved timetable;
- Convey all participants who at the appropriate time are present at such place or places as specified in this Job Order;
- The suppliers 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: See below	Funds Available in the amount of: Php 44,000.00	APPROVED: LEILA S. TUAZON OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III	
Within the COB: 2014	Expense Code: 5041-00	Received copy of J.O.: Date
Budget: 44,000.00	Remarks: INFO: PASS	
CONFORME: HEULITO Signature over Printed Name and Position of authorized representative		

Received by