

DATE SIGNED: BMI-FORM-ADM-003

3RD PARTY TRANSPORT SERVICE

ADMINISTRATIVE DEPARTMENT FREIGHT FORWARDING: **COURIER SERVICES:** LAND SEA TRUCKING TRANSPORT OTHERS MOTORCYCLE AIR TYPE OF TRUCK: CAR MACHINES TOTAL TOTAL ITEM COST: DATE ONE WAY: ITEMS TO BE SHIPPED: NON-PERISHABLE REAGENTS CONSUMABLES NAME OF EMPLOYEE **REQUESTED** TWO WAY: DATE OF SHIPMENT TOTAL SHIPPING COST % SHIPPING COST MULTIPLE DROP-OFFS DEPARTMENT **SERVICE DETAILS** NAME OF TRANSPORT SERVICE **DATE & TIME OF TRANSPORT** PICK- UP LOCATION **DROP-OFF LOCATION** ITEMS TO BE TRANSPORTED PREPARED BY **ENDORSED BY** APPROVED BY KATHLEEN REYES, MHM, DBA **Employee's Signature Immediate Superior Chief Operating Officer** DATE SIGNED: DATE SIGNED: BMI-FORM-ADM-003 DATE SIGNED: 3RD PARTY TRANSPORT SERVICE ADMINISTRATIVE DEPARTMENT **COURIER SERVICES:** FREIGHT FORWARDING: SEA LAND (VIA BUS) TRUCKING TRANSPORT OTHERS MOTORCYCLE TYPE OF TRUCK: AIR CAR DATE REQUESTED TOTAL ITEM COST | PERISHABLE REAGENTS | NON-PERISHABLE REAGENTS | CONSUMABLES ONE WAY: NAME OF EMPLOYEE PHP TWO WAY: DATE OF SHIPMENT TOTAL SHIPPING COST % SHIPPING COST **DEPARTMENT** MULTIPLE DROP-OFFS: **SERVICE DETAILS** NAME OF TRANSPORT SERVICE **DATE & TIME OF TRANSPORT** PICK- UP LOCATION **DROP-OFF LOCATION** ITEMS TO BE TRANSPORTED PREPARED BY **ENDORSED BY** APPROVED BY KATHLEEN REYES, MHM, DBA **Employee's Signature Immediate Superior Chief Operating Officer** DATE SIGNED: BMI-FORM-ADM-003 DATE SIGNED: DATE SIGNED: **3RD PARTY TRANSPORT SERVICE** MEDICAL INSTRUMENTS ADMINISTRATIVE DEPARTMENT COURIER SERVICES: FREIGHT FORWARDING: LAND TRUCKING TRANSPORT OTHERS MOTORCYCLE SEA TYPE OF TRUCK: AIR CAR TOTAL ITEM COST: DATE REQUESTED MACHINES DOCUMENTS PERISHABLE REAGENTS
NON-PERISHABLE REAGENTS
CONSUMABLES ONE WAY: NAME OF EMPLOYEE PHP TWO WAY: DATE OF SHIPMENT TOTAL SHIPPING COST: % SHIPPING COST: MULTIPLE DROP-OFFS: **DEPARTMENT** SERVICE DETAILS NAME OF TRANSPORT SERVICE PICK- UP LOCATION ITEMS TO BE TRANSPORTED **DATE & TIME OF TRANSPORT DROP-OFF LOCATION** PREPARED BY ENDORSED BY APPROVED BY KATHLEEN REYES, MHM, DBA **Immediate Superior Employee's Signature** Chief Operating Officer

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COURIER SERVICES: FRE	IGHT FORWARDING:				ADMI	INISTRATIVE DEPARTMENT
MOTORCYCLE	ПТ	RUCKING TRANSPORT	[OTHERS		
CAR	AIR	TYPE	OF TRUCK:			
NAME OF EMPLOYEE		DATE REQUESTED		ONE WAY:	ITEMS TO BE SHIPPED: ONN-PERISHABLE REAGENTS	□ MACHINES TOTAL ITEM COST: S □ DOCUMENTS □ OTHERS PHP
DEPARTMENT		DATE OF		TWO WAY: MULTIPLE DROP-OFFS:		% SHIPPING COST:
DEFFICIENCE		SHIPMENT	SERVICE DETAILS	DROP-OFFS:		%
DATE & TIME OF TRANSPORT	NAME OF TRANS	POPT	PICK- UP LOCATION	DROF	P-OFF LOCATION	ITEMS TO BE TRANSPORTED
PREPARED BY		ENDORSED BY			APPROVED BY	
FREFARED BI		ENDORSED BY			AFFROVED BI	
Employee's Signature (Signature over Printed Name)		lņ	nmediate Superior		KATHLEEN REYES, MHM, DBA Chief Operating Officer	
(Signature over Printed Name) DATE SIGNED: BMI-FORM-ADM-003		(Signature over Printed Name) DATE SIGNED:			DATE SIGNED:	
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Biosit MEDICAL INSTRUM			3RD	PARTY	TRANSPO	ORT SERVICE FORM
COURIER SERVICES: FRE	IGHT FORWARDING:				ADMI	INISTRATIVE DEPARTMENT
	SEA LAND (VIA BUS) AIR		RUCKING TRANSPORT OF TRUCK:		OTHERS	
NAME OF EMPLOYEE		DATE REQUESTED		ONE WAY:	ITEMS TO BE SHIPPED: OONSUMABLE REAGENTS	☐ MACHINES TOTAL ITEM COST: S ☐ DOCUMENTS ☐ OTHERS PHP
DEPARTMENT		DATE OF		TWO WAY: MULTIPLE DROP-OFFS:		: % SHIPPING COST:
		SHIPMENT	SERVICE DETAILS	BIOT-0113.		%
DATE & TIME OF TRANSPORT	NAME OF TRANS	SPORT F	PICK- UP LOCATION	DROF	P-OFF LOCATION	ITEMS TO BE TRANSPORTED
PREPARED BY		ENDORSED BY			APPROVED BY	
Employee's Signature (Signature over Printed Name)		Immediate Superior (Signature over Printed Name)			KATHLEEN REYES, MHM, DBA Chief Operating Officer	

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