

DATE SIGNED:
BMI-FORM-ADM-003

3RD PARTY TRANSPORT SERVICE

COURIER SERVICES:		FREIGHT FORWARDING: SEA LAND TRUCKING TRANSPORT					OTHERS	ADMINISTRATIVE DEPARTMENT	
		SEA	SEA LAND TRUCKING TRANSPORT AIR TYPE OF TRUCK:						
		AIK			TROCK.	ONE WAY: PHP			
DEPARTMENT			DATE REQUESTED			TWO WAY: PHP		% Shipping Cost:	
								TOTAL AMOUNT PHP	
DATE OF TRANSPORT		F TRANSPORT ERVICE	PICK	- UP LOCATION	DROP-OFF LO	CATION	QTY	ITEMS TO BE TRANSPORTED	
PREPARED BY				ENDORSED BY			APPROVED	ВУ	
_				_					
Employee's Si (Signature over Prin		Signature Immo			nediate Superior nature over Printed Name)			Finance & Accounting Director (Signature over Printed Name) DATE SIGNED:	
BMI-FORM-ADM-003							·		
BIC MEDICAL					3RD	PAR	TY TRA	NSPORT SERVICE FORM	
COURIER SERVICES: FRE MOTORCYCLE					CKING TRANSPORT OTHER			ADMINISTRATIVE DEPARTMENT	
NAME OF EMPLOYEE					ONE WAY: PHP			% Shipping Cost:	
DEPARTMENT				DATE		TWO WAY: PHP		TOTAL AMOUNT	
				REQUESTED SI	ERVICE DETAILS	PHP		PHP	
DATE OF TRANSPORT		NAME OF TRANSPORT SERVICE		- UP LOCATION	DROP-OFF LOCATION		QTY	ITEMS TO BE TRANSPORTED	
							1 1		
								DV.	
PREPARED BY				ENDORSED BY			APPROVED	ВУ	
PREPARED BY				ENDORSED BY			APPROVED	ву	

DATE SIGNED:

DATE SIGNED:



Employee's Signature (Signature over Printed Name)

DATE SIGNED:

DATE SIGNED: BMI-FORM-ADM-003

3RD PARTY TRANSPORT SERVICE

Finance & Accounting Director

DATE SIGNED:

ADMINISTRATIVE DEPARTMENT FREIGHT FORWARDING: **COURIER SERVICES:** LAND (VIA BUS) 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 **Employee's Signature Immediate Superior** Finance & Accounting Director DATE SIGNED: DATE SIGNED: BMI-FORM-ADM-003 DATE SIGNED: 3RD PARTY TRANSPORT SERVICE ADMINISTRATIVE DEPARTMENT **COURIER SERVICES:** FREIGHT FORWARDING: LAND (VIA BUS) TRUCKING TRANSPORT OTHERS MOTORCYCLE SEA 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 Finance & Accounting Director **Employee's Signature Immediate Superior** DATE SIGNED: BMI-FORM-ADM-003 DATE SIGNED: DATE SIGNED: **3RD PARTY TRANSPORT SERVICE FORM** MEDICAL INSTRUMENTS ADMINISTRATIVE DEPARTMENT COURIER SERVICES: FREIGHT FORWARDING: LAND (VIA BLIS) OTHERS MOTORCYCLE SEA TRUCKING TRANSPORT TYPE OF TRUCK: AIR CAR TOTAL ITEM COST: DATE REQUESTED MACHINES
DOCUMENTS 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 Immediate Superior