

COURIER SERVICES:

FREIGHT FORWARDING:

ADMINISTRATIVE DEPARTMENT

☐ MOTORCYCLE

☐ SEA

☐ LAND (VIA BUS)

☐ TRUCKING TRANSPORT

☐ OTHERS

☐ CAR

☐ AIR

TYPE OF TRUCK: _____

NAME OF EMPLOYEE	DATE REQUESTED			
DEPARTMENT	<div><input type="checkbox"/> ONE WAY: PHP _____ <input type="checkbox"/> TWO WAY: PHP _____</div>	<div><input type="checkbox"/> MULTIPLE DROP-OFFS PHP _____</div> <div>TOTAL AMOUNT PHP _____</div>		
SERVICE DETAILS				
DATE & TIME OF TRANSPORT	NAME OF TRANSPORT SERVICE	PICK- UP LOCATION	DROP-OFF LOCATION	ITEMS TO BE TRANSPORTED
PREPARED BY		ENDORSED BY		APPROVED BY
Employee's Signature <small>(Signature over Printed Name)</small>		Immediate Superior <small>(Signature over Printed Name)</small>		KATHLEEN REYES, MHM, DBA Chief Operating Officer
DATE SIGNED: BMI-FORM-ADM-003		DATE SIGNED:		DATE SIGNED:

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