

COURIER SERVICES:

☐ MOTORCYCLE

☐ CAR

FREIGHT FORWARDING:

☐ SEA

☐ LAND  
(VIA BUS)

☐ AIR

☐ TRUCKING TRANSPORT

TYPE OF TRUCK: \_\_\_\_\_

☐ OTHERS

\_\_\_\_\_

NAME OF EMPLOYEE

DEPARTMENT

DATE REQUESTED

DATE OF SHIPMENT

☐ ONE WAY:

☐ TWO WAY:

☐ MULTIPLE DROP-OFFS:

ITEMS TO BE SHIPPED:

☐ PERISHABLE REAGENTS

☐ NON-PERISHABLE REAGENTS

☐ CONSUMABLES

☐ MACHINES

☐ DOCUMENTS

☐ OTHERS

TOTAL ITEM COST:

PHP \_\_\_\_\_

TOTAL SHIPPING COST:

\_\_\_\_\_

% SHIPPING COST:

\_\_\_\_\_ %

SERVICE DETAILS				
DATE & TIME OF TRANSPORT	NAME OF TRANSPORT SERVICE	PICK- UP LOCATION	DROP-OFF LOCATION	ITEMS TO BE TRANSPORTED

PREPARED BY

Employee's Signature  
(Signature over Printed Name)

DATE SIGNED:

ENDORSED BY

Immediate Superior  
(Signature over Printed Name)

DATE SIGNED:

APPROVED BY

KATHLEEN REYES, MHM, DBA  
Chief Operating Officer

DATE SIGNED:

BMI-FORM-ADM-003

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ADMINISTRATIVE DEPARTMENT

NAME OF EMPLOYEE	DATE REQUESTED	<input type="checkbox"/> ONE WAY:	<div>ITEMS TO BE SHIPPED:<div><input type="checkbox"/> PERISHABLE REAGENTS<input type="checkbox"/> NON-PERISHABLE REAGENTS<input type="checkbox"/> CONSUMABLES</div><div><input type="checkbox"/> MACHINES<input type="checkbox"/> DOCUMENTS<input type="checkbox"/> OTHERS</div></div> <div>TOTAL ITEM COST: PHP _____</div> <div>TOTAL SHIPPING COST: _____% SHIPPING COST: _____%</div>	
DEPARTMENT	DATE OF SHIPMENT	<input type="checkbox"/> TWO WAY:		
		<input type="checkbox"/> MULTIPLE DROP-OFFS:		
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