





DELIVERY DUE DATE: One (1) Year

Procurement Unit

Telefax Ha. 045-982-4630

UNIFIED PROPERTY AND ACCIDENT INSURANCE

SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.

Work Order No.: 2023-267-A

Address:

Supplier:

Rosan 308, Timetata Buildina, S 138 South Super Highway

Date:

11/28/2023

TINE

Banekal Makati Cire

IO No :

2023-290

Tel. No.:

004-654-004-000 VAT Reg. 0916-214-8333/(02)8893-8382

Date:

10/17/2023

Mode of Payment

Mode of Procurement: Small Yable

M/30

SIB/MADAM

You are hereby advised to accomplish/deliver the following job/work within One [1] Year

upon receipt of the Work Order as per quotation submitted by you duly approved by the. TSU Committee on Buls and Awards

QTY.	UNIT	DESCRIPTION		UNIT COST	TOTAL COST
1	lot	INSURANCE SERVICES FOR STUDENTS ENROI 2023-2024	LED FOR THE S.Y.	748,650 00	748,650.00
	ı	For 24,955 officially enrolled students			
		Schedule of Insurance Benefits - SY 2023-2024			
	1	Accidental Death/Disablement	- Ps 135,000		
	1	Usprovokad Murder and Assault	- 135,600		,
	ţ	Partial and Total Permanent Disability	- 135,890		
		Portel Assistance Denefit (accidental densh.)	12.500		
	1	Medical Expenses Reimbursement for accident cases	20,000		
	į	invioving suprovoked assault or exarder and of similar			1
	l	nature			
		Separate cash assistance for Natural Death including SARS COV-2	- 30,000		
	1	Daily Cash Allowance (60 days mass - accident confinement)	- 600/day		
	Į.	Daily Cash Allowanco (50 days max -sickness	660/day (not		
		confinement) (including SARS-Covid-2 vicus, dengue and typhoid fever)	(Ongenital)		,
		Daily Hospital Income Benefit for the first 10 days of ICU confinement (due to accident in addition to regular daily cash allowsness of Ps 600/day)	- 600/day	· · · · · · · · · · · · · · · · · · ·	
	144	Emergency Cash Assistance (due to fire and corthquake student only	1500 (the time		ne je
	1	Common Carrier (double instemnity)	covered	COMMISSION	ON AUDIT TSH
	1	With Motorcycle Coverage-whether a			IVED
	1	passengers/operator/pillian of any 2.3, or 4 or more			
		wheeled motorized vehicle		By: OHA	<u> </u>
	1	CGL (Comprehensive General Liability - Combined single	- 250,000 (aggregate		0 0
	-	Limit) (property damage & Bodily injury within the	limit)	36	i L
	1	school premises operations)	1		

RUTH C. DARM - Managing Director

Charge to: N. Hayr ROA No. 1

カカ・ル・後子

CONFORME & RECEIVE COPY:

FUNDS AVAILABL

APPROVED:

IASPER A YAUDER, CPA

Budget Officer

UNIFIED PROPERTY AND ACCIDENT INSURANCE STSTEM FOR EDUCATION (UPRAISE) AGENCY INC. Firm/Dealer/Supplier/Contractor November 28, 2023

Bank Account Name: UPRAISE, Inc.

Bank Account Number 1431-0118-55

Hank Name:

Bank Address PPI-LAGASPI-GAMBOA BRANCH, MAKATI CITY

Form No. TSU-PRO-SP 10 Revision No.: 01

Affectivity Date: March 93, 2017

DR. GRACIN, ROSETE Vice President

Authorized Official/



DELIVERY DUE DATE: One Year

Procurement Unit

Telefax No.: 045-982-4630

UNIFIED PROPERTY AND ACCIDENT INSURANCE

SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.

Work Order No.: 2023-267-A

Address:

Supplier:

Room 308, Timstate Building, 5438 South Super Highway,

Date:

11/28/2023

TIN:

004-654-004-000 VAT Reg.

Bangkal, Makati City

IO No.:

2023-290

Tel. No.:

0916-214-8333/(02)8893-8382

Date:

10/17/2023

Mode of Payment:

Mode of Procurement: Small Value N/30

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within One (1) Year upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards and the President of the Agency

QTY.	UNIT	DESCRIPTION		UNIT COST	TOTAL COST
1	lot	INSURANCE SERVICES FOR STUDENTS ENROL	LLED FOR THE S.Y.	748,650.00	748.650.00
		2023-2024	ŀ		
		for 24,955 officially enrolled students	1		
		Schedule of Insurance Benefits - SY 2023-2024	[
		Accidental Death/Disablement	- Ps 135,000		
		Unprovoked Murder and Assault	- 135,000		
	ļ	Partial and Total Permanent Disability	- 135,000		
		Burial Assistance Benefit (accidental death)	- 25,000		
		Medical Expenses Reimbursement for accident cases	- 30,000		
		invloving unprovoked assault or murder and of similar	İ		•
		nature			
		Separate cash assistance for Natural Death including SARS COV-2	- 30,000		
	ĺ	Daily Cash Allowance (60 days max accident confinement)	- 600/day		
		Daily Cash Allowance (60 days maxsickness	- 600/day (not		
		confinement) (including SARS-Covid-2 virus, dengue and typhoid fever)	congenital)		
		Daily Hospital Income Benefit for the first 10 days of ICU confinement (due to accident in addition to regular daily cash allowance of Ps 600/day)	- 600/day		
		Emergency Cash Assistance (due to fire and earthquake - student only	- 3,500 (one time 🙀		
		Common Carrier (double indemnity)	covered		"
		With Motorcycle Coverage-whether a	, \$	OMMISSION ON AU	pro TSN
	ł	passengers/operator/pillion of any 2,3, or 4 or more	ł	RECEIV	E D
	1	wheeled motorized vehicle	SV:	Date: DEC d	TC_4040
		CGL (Comprehensive General Liability - Combined single	- 250,000 (aggregate	Date: DEC 1	
		Limit) (property damage & Bodily injury-within the	limit) 🤼	!	£
	<u> </u>	school premises operations)		1	- Cape

(Please read carefully at the back hereof)

Charge to: 02 · 70444/ ROA No.: 2013 12 - 1869 CONFORME & RECEIVE COPY:

FUNDS AVAILABJ

JASPER A. YAUDER, CPA

Budget Officer

Firm/Dealer/Supplier/Contractor

Bank Account Name: _

<u>UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.</u>

Bank Account Number:

Bank Name: _

Bank Address: Form No.: TSU-PRO-SF 10 Revision No.: 01 APPROVED:

DR. GRACE N. ROSETE

Vice President for Administration

Authorized Official

Fage 1 of 4

Effectivity Date: March 01, 2017





DELIVERY DUE DATE: ONE YEAR

Procurement Unit

Telefax No.: 045-982-4630

UNIFIED PROPERTY AND ACCIDENT INSURANCE Supplier:

SYSTEM FOR EDUCATION (UPBAISE) AGENCY INC.

Work Order No.: 2023-267-A

Address:

Room 308 Timstate Building 5438 South Super Highway

Date :

11/28/2023

Bangkal Makati City

10 No. :

2023-290

TIN:

004-654-004-000 VAT Reg.

10/17/2023

Tol. No. :

0916-214-8333/(02)8893-8382

Mode of Procurement: Small Value

Mode of Payment

N/30

SIR/MADAM

You are hereby advised to accomplish/deliver the following job/work within One [1] Year upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards

ŲTY.	UNIT	DESCRIPTION	1	UNIT COST	TOTAL COST
	†	Parent/Guardian Extended Coverage - Parent of the	covered	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	1	insured Student or whoever is the surviving designated	(Pr 50,000)		
	1	guardias, below 60 years old, free from any congenital and	i		1
	1	serious physical impairment, is covered in case of			
	1	accidental death & disablement.	į		1
	}	Hospital and Medical Reimbursement for Infertious	- 15,000 (one time		
	į	diseases caused by the high-city-c value, designs and	in (viety)	ļ	i
	1	Typhold Fever			-
	1	Ambulance Service Assistance with receipt (due to	- 3,500 (one time		
	1	accident)	only)		1
	1	Tumon Fee/Miscellaneous Fees Refund -Accidental Death	- 10,000 per		
		Case of Students) (maintanum of 10 students in a year)	students		
		Azsmai Premium Por Student - Ps 30.0	no [
		Other Features	İ		
		 Insurance also includes drowning, dog and snake, lighting, 	j, warthquake, tidai		
		waves, volcant: eroptions, typhoons, tornadoes, and landsh	ides, and other		1
	•	similar cases	1		
	[]	· Covers 24 hours/day anywhere in the world whether at h			
	i	for one whole year, in and out of school attending regular of	lasses or		
	1	participating in other school activities	['	-	
	1	· While attending classes and on days when school is in seas	ston including	COMMISSION	MARIOT TSM
	1	lunch and recess periods.	*	The second second	
	1	· While traveling to and from a school; sponsored and super	rvised social on	RECE	IVED
	,	non social extracurricular activity after school hours or on o		By: Date	EC (1 G-12023
	·	is not in session.	I.		

Charge to: 01' 100447 RUA No.: 2619-15-1507 CONFORME & RECEIVE COPY.

MS. RUTH C. DARM - Managing Director

unifiki) property and accident insurance system for education libraise) alebicy inc

Firm/Dealer/Supplier/Contractor NOVENDER 28, 2023

Bank Name: _

Bank Account Name UPRAISE, Inc.

1431-0118-55

Bank Account Number:

Bol

Bank Address: BPI-LEGASPI-GAMBOA BRANCH, MAKATI CITY

Form No.: TSU-PRO-SF 10 Revision No.: 01

APPROVED:

Effectivity Bate March 51, 2617

FUNDS AVAILABLE

DR. GRACEM ROSETE

JASPER A TAUDER, CPA

Budget Officer

Vice Provident fo

Authorized Official A



DELIVERY DUE DATE: One Year

Procurement Unit

Telefax No.: 045-982-4630

UNIFIED PROPERTY AND ACCIDENT INSURANCE

SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.

Work Order No.: 2023-267-A

Address:

Supplier:

Room 308, Timstate Building, 5438 South Super Highway,

Date:

11/28/2023

TIN: Tel. No.: 004-654-004-000 VAT Reg.

O No.:

2023-290

0916-214-8333/(02)8893-8382

Bangkal, Makati City

Date:

10/17/2023

Mode of Procurement: Small Value

Mode of Payment:

<u>N/30</u>

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within One (1) Year upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards and the President of the Agency

QTY.	דנאט	DESCRIPTION		UNIT COST	TOTAL CO	SŢ
		Parent/Guardian Extended Coverage - Parent of the cover Insured Student or whoever is the surviving designated (Ps 50,0 guardian, below 60 years old, free from any congenital and serious physical impairment, is covered in case of accidental death & disablement.				
	<u> </u>	Hospital and Medical Reimbursement for Infectious - 15,000 (or diseases caused by the SARS-COV-2 virus, Dengue and Only) Typhoid Fever				
		Ambulance Service Assistance with receipt (due to - 3,500 (one accident) only)	e time			
		Tuition Fee/Miscellaneous Fees Refund -Accidental Death - 10,000 Case of Students) (maximum of 10 students in a year) studen	• 1			
		Annual Premium Per Student - Ps 30.00				
		Other Features: Insurance also includes drowning, dog and snake, lighting, earthquake, waves, volcanic eruptions, typhoons, tornadoes, and landslides, and other similar cases Covers 24 hours/day anywhere in the world whether at home or in scloor one whole year. In and out of school attending regular classes or participating in other school activities While attending classes and on days when school is in session including lunch and recess periods.	er hool	RECE	NAUDOR TSU IVED	***
		non-social extracurricular activity after school hours or on days when so is not in session.				d

(Please read carefully at the back hereof)

Charge to: O2 · Wulf ROA No : 2013 - 2 - 2847 CONFORME & RECEIVE COPY:

<u>UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.</u>

Firm/Dealer/Supplier/Contractor

JASPER A. YAUDER, CPA **Budget Officer**

Date

Bank Account Name: _

Bank Account Number: Bank Name: _

Bank Address:

Form No.: TSU-PRO-SF 10 Revision No.: 01

APPROVED:

FUNDS AVAILABLE:

DR. GRACE N. ROSETE

Vice President or Administration

Authorized Official

Effectivity Date: March 01, 2017

Page/2





DELIVERY DUE DATE: One Year

Procurement Unit

relefax No. (MS-982 46.JU

UNIFIED PROPERTY AND ACCIDENT INSURANCE

SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.

Work Order No.: 2023-267-A

Address:

Supplier:

Reven 300 Timeiste Building 3200 South Sugar Building

Date:

11/28/2023

TIN:

004-654-004-000 VAT Reg.

Description Making City

IO No.:

2023:290

Tel. No.:

0916-214-8333/(02)8893-8382

Date:

10/17/2023

Mode of Procurement: Small Value

Muce of Payment:

NAV

SIR/MADAM

You are hereby advised to accomplish/deliver the following job/work within One (1) Year upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards

QTY.	UNIT	DESCRIPTION	1	UNIT COST	TOTAL CO
		 While participating in a school sponsored activities during 	or after regular		
		school bours, on or off school premises.	į		İ
		- While travelling in public or private conveyance used for a	ir. land and sea		
		travel and;	{		
		• While travelling as a fare-paying passenger on any comme	rcial scheduled,		
	1	non-scheduled special or chartered flights.	(Į
		• While attending Off in any part of the world	!		
		Accidental Death or Permanent Disablement - pays when in			İ
		of the following losses within 180 days from the date of accu-	1		
	1	<u> </u>	of Principal Sum		
		1. Loss of life	100%		İ
	1	2 Loss of two limbs 3. Loss of both hands or all fingers	100%		1
	İ	14. Lord of Goth Banch, or all Diggers 14. Lord of bests from	100%		İ
	l	15. Total loss of sight of both eyes	100%		i
		6. Injuries resulting in being permanently bedridden	100%		
	1	7. Any other tojury causing permanent total disablement	100%		
	1	E. Loss of arm at above elbose	70%	a	į
		4. Loss of arm between elbow and wrist	50%		Į
	<u> </u>	11. landy of history	5 0%	WHITE WALLES	
	1	11 Loss of four fingues and thumb of one hand	42.50%	COMMISSION OF	រុស្តប្រក កន្ស
		12 Loss four finger	35%	RECE	VED
		13 Loss of thumb	15%	1 . *	EC (1-6-2023
	1	14. Loss of index finger	10%		0.010020
	i	15. Loss of middle finger	6%	1	j

(Please read carefully at the back horeof)

Glarge wit	52 Th	yeşî	
ROA No.:	1017 - 1	, 4	k}
CONFORM	P # 080	TIVE	COP

C. DARN- Managing Director
ESTSTEN FOR EINCATED (UTRAISE) ALERCY INC. MS. AUTH UNIFIED PROPERTY AND ACCIDENT INSURANCE

JASPERA: YAUDER, CPA

APPROVED:

FUNDS AVAILABL

oudget Officer

DR. CRACETE ROSETE

Firm/Deater/Supplier/Lostractor

NOVEMBER 26, 2023

Date

Bank Account Name LPRAISE, Inc.

Bank Account Number ____1431-0118-55

Form No.: TSU-PRO-SF 10 Revision No.: 01

PPT

Bank Address BPI-LEGASPI-GAMBOA BRANCH, MAKATI CITY

Educately Cate March Ct. 2011

Vice President for Administration

Authorized Official A



DELIVERY DUE DATE: One Year

Procurement Unit.

Telefax No.: 045-982-4630

UNIFIED PROPERTY AND ACCIDENT INSURANCE

Supplier: **SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.** Work Order No.: 2023-267-A

Address:

Room 308. Timstate Building, 5438 South Super Highway,

Bangkal, Makati City

Date: 11/28/2023

TIN:

004-654-004-000 VAT Reg.

10 No.:

2023-290

Tel. No.:

0916-214-8333/(02)8893-8382

Date:

10/17/2023

Mode of Payment:

Mode of Procurement: Small Value N/30

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within One (1) Year upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards and the President of the Agency

QTY.	UNIT	DESCRIPTION		UNIT COST	TOTAL COST
		 While participating in a school sponsored activities during 	g or after regular		
	1	school hours, on or off school premises.			
		 While travelling in public or private conveyance used for travel and; 	air, land and sea		
		While travelling as a fare-paying passenger on any comm non-scheduled special or chartered flights.	ercial scheduled,		
		While attending OJT in any part of the world.			
		Accidental Death or Permanent Disablement – pays when i			
		of the following losses within 180 days from the date of acc	cident: % of Principal Sum		
		11. Loss of life	100%		
	i	2. Loss of two limbs	100%		ł
	1	3. Loss of both hands, or all fingers	100%		
	į.	4. Loss of both feet	100%		
		5. Total loss of sight of both eyes	100%		
		6. Injuries resulting in being permanently bedridden	100%		
		7. Any other injury causing permanent total disablement	100%		
		8. Loss of arm at above elbow	70%	· g .	
	ŀ	9. Loss of arm between elbow and wrist	50%	\$	ļ ,
	 	10. Loss of hand	50%	Fee to	<u> </u>
	1	11. Loss of four fingers and thumb of one hand	42.50%	COMMISSION O	NAUDIT TSH
		12. Loss four finger	35%	RECE	IVED
] ,	13. Loss of thumb	15%	By: Date: D	C C 0-2023
		14. Loss of index finger	10%		
		15. Loss of middle finger	6%	l l	•

(Please read carefully at the back hereof)

Charge to: 01 · Mwy41 ROA No.: 2179-12-1869 CONFORME & RECEIVE COPY:

FUNDS AVAILABLE

JASPER A-YAUDER, CPA

Budget Officer

UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC. Firm/Dealer/Supplier/Contractor

Bank Account Name: ___

Bank Account Number:

Bank Name: _ Bank Address:

Form No.: TSU-PRO-SF 10 Revision No.: 01

APPROVED:

DR/GBACE N. ROSETE

Vice President for Administration

Authorized Official

Effectivity Date: March 01, 2017





DELIVERY DUE DATE one Year

Procurement Unit

Teletax No., 045-992-4638

UNIPIED PROPERTY AND ACCIDENT INSURANCE

SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.

Work Order No.: 2023-267-A

Address:

Supplier:

Room 306. Topatate Building 5-136 South Super Highway.

Date:

11/28/2023

TIN:

Bangkai, Makati City

O No. :

2023-290

Tel. No.:

004-654-004-000 VAT.Reg. 0916-214-8333/(02)8893-8382

Date:

10/17/2023

Mode of Procurement: Sthall Value

Mode of Payment.

MAG

Sini Mauria.

You are hereby advised to accomplish/deliver the following job/work within One (1) Year upon receipt of the Work Order as per quotation submitted by you duly approved by the TSB Committee on Bids and Awards and the President of the Agency

	UNIT	QTY.
ta in		
17. to		

QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		Los Losses of range languer 5%		ŧ
	1	17. Look of Mile Roger 5%		*
		18. Loss of metacarpaix - first or second (additional) 3%		
		19. Loss of leg above knee 60%		
	1	20. Loss of leg below inner. 40%		ļ
	•	21. Loss of toes-ail of one foot 15%	1	
		22. Loss of big roe 5%		Ì
		23. Loss of any toe other than big toe, each		1
		24 Lose of night of one eye S0%		
		2S. Loss of hearing-one per 50%		
		Insurance coverage is extended to all personnel (faculty & staff) of TSU		}
	•	regardless of their employment status (excluding trind Security Guards	from	1
	1	an Agency) same at the student's plan/benefits, provided 100% of the		
	1	annolised students will be insured	•	1
	Ì	Coverage Extensions: Accidents caused by Acts of Nature, accidental For	od [
	1	Presoning, accidental Browning, and All forms of Animal bioss		
	1	Clama will be settled/paid immediately upon receipt of coumplete valid		
	1	requirements	L.	
	į	Note: Since our imprance Provider has no accredited hospitals in Tarles	c City. 🥳	7 Page 1
	i	all the enrolled students, localty and staff of Tarlac State University who	will F	
		be insured through UPRAISE, for, can go to any hospitals available in the	VCOMMISSION!	dy Appril TSH
	İ	Province of Tartac, for consultation, treatments and confinements, due t	E Proposition of the second	
	1	particular accident or sickness/illness. All valid medical espenses incur	red RECT	IIVED
	1	can be filed for reinsbursement.	Ray Date:	n n #5-9999
	}	· · · · · · · · · · · · · · · · · · ·	By: v Date:	Letto.WY
		Parpone Acendonical group insurrance for S.T. 2023 2024		

(Please read carefully at the back hereof)

Charge to: 17 106 ROA NO.: 207- 12-10LT CONFORME & RECEIVE COPY:

MS RAIFIED PROPERTY AND AGEORS

Firm/Dealer/Supplier/Contractor

November 28, 2023

Date

Bank Accusos Name, UPRAISE, Inc.

Bank Account Number: 1431-0118-55

Data Haine _

Bank Address BPI-LEGASPI-GAMBOA BRANCH, MAKATI CITY

Form No., TSU-PRO-SF 10 Revision No.: 01

Effectively Date March 51, 2017

Authorized Official /

FUNDS AVAILABLE:

APPROVED:

JASPEHA VALUER, CPA Budget Officer

DR CRACE N. ROSETE



DELIVERY DUE DATE: One year

Procurement Unit

Telefax No.: 045-982-4630

UNIFIED PROPERTY AND ACCIDENT INSURANCE

SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.

Work Order No.: 2023-267-A

Address:

Supplier:

Room 308, Timstate Building, 5438 South Super Highway,

Bangkal, Makati City

Date: 11/28/2023

TIN: Tel. No.:

004-654-004-000 VAT Reg.

[O No.:

2023-290

0916-214-8333/(02)8893-8382

Date:

10/17/2023

Mode of Payment:

Mode of Procurement: Small Value

N/30

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within One (1) Year upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards and the President of the Agency

QTY.	UNIT	DESCRIPTION		UNIT COST	TOTAL C	OST
		16. Loss of ring finger	5%			
		17. Loss of little finger	5%		Ī	
	İ	18. Loss of metacarpals - first or second (additional)	3%			
		19. Loss of leg above knee	60%			
		20. Loss of leg below knee	40%			
		21. Loss of toes-all of one foot	15%		İ	
	İ	22. Loss of big toe	5%		ŀ	
		23. Loss of any toe other than big toe, each	1%			
		24. Lose of sight of one eye	50%			
		25. Loss of hearing-one ear	50%			
		Insurance coverage is extended to all personnel (faculty & regardless of their employment status (excluding hired Sec an Agency) same as the student's plan/benefits, provided 1 enrolled students will be insured. Coverage Extensions: Accidents caused by Acts of Nature, a Poisoning, accidental Drowning, and All forms of Animal bi Claims will be settled/paid immediately upon receipt of correquirements Note: Since our Insurance Provider has no accredited hosp all the enrolled students, faculty and staff of Tarlac State Unbe insured through UPRAISE, Inc. can go to any hospitals at Province of Tarlac, for consultation, treatments and confine particular accident or sickness/illness. All valid medical excan be filed for reimbursement.	curity Guards from .00% of the accidental Food ites ites itels in Tarlac City, iversity who will vailable in the ements, due to a	COMMISSION ON A	opr-Tsu /E:D	
		************	*****			
		Purpose: Accidental group insurrance for S.Y. 2	2023-2024	,		

(Please read carefully at the back hereof)

Charge to: b2 - 10441 ROA No. : 7173-12-1867 CONFORME & RECEIVE COPY:

UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.

Firm/Dealer/Supplier/Contractor

FUNDS AVAILABL

JASPER A. YAUDER, CPA

Budget Officer

Date

Bank Account Name:

Bank Account Number:

Bank Name: ___

Bank Address: _

Form No.: TSU-PRO-SF 10 Revision No.: 01

APPROVED:

DR. GRACE M ROSETE

Vice President for Administration

Authorized Official

Effectivity Date: March 01, 2017