

JRS EXPRESS

DATE: Oct. 28, 2022

RECEIVED BY: _____



Signature over printed name
DATE: **OCT 28 2022**

#	NAME/OFFICE	No. of Documents	Plastic/Box Size	Tracking No.
1	PENRO Occidental Mindoro	4	1 pounder	0095263-362
2	PENRO Oriental Mindoro	4	1 pounder	0095264-362
3	PENRO Romblon	2	Letter	0095262-362
4	PENRO Palawan	4	1 pounder	0095265-362
5	CENRO Coron (c/o ED)	1 folder	3 pounder	0095266-362



Owned & Operated by
JRS BUSINESS CORPORATION
Operating Under Rep. Act. 3260
VAT REG. TIN 000-056-694-027
Rm. 414 G/F Regina Bldg. Escolta Street
Brgy. 291 Zone 027 Binondo Manila
Tel. No. (02) 8243-8404; 8244-6511; 8241-6350; 8241-6550
CP No. 09338206201; 09178021908
E-mail: jrsmain@jrs-express.com
Website: www.jrs-express.com

**WAYBILL**CHARGE
CUSTOMER COPY

00000000000095266- 362

00000000000095266-362

TRACKING NUMBER

BC

SHIPPER INFORMATION**CONSIGNEE**

Date: 10/28/2022 Origin: Escolta
Client Type: Charge Services: Express Service
Package Type: 3 Pounder
Weight: 1500 Grams
Description / Content: Documents
Destination: Coron Palawan
Shipper's Name: Department of Environment and Natural Resources
Shipper's Address: Escolta Street
Contact Number: Mobile
Charge Account No. 109894

Name: denr penro coron
Address: Coron Palawan
Contact #: _____
Special Instructions: _____

RECEIVED IN GOOD ORDER AND CONDITION**PAYMENT**

Received by: _____
Signature: _____
Date Received: _____
Time: _____
Relationship to Addressee: _____
Delivered by: _____
Delivery Branch: _____

Freight Charge: 308.00
Valuation: 0.00
Insurance: 0.00
Pick-up Fee: 0.00
JRS Box: 0.00
Others: 0.00
Total Amount: 308.00

WAIVER OF RIGHTS

After being informed of my right to declare the amount of the shipment and having opted not do so, I hereby waive my right to claim its actual value in the event of loss or damage of my cargo.

I hereby declare that the content of my shipment conforms with the restrictions being implemented by JRS BUSINESS CORPORATION in accordance with the laws of the Republic of the Philippines.

CONFORME: _____

Shipper's Signature Over Printed Name

RECEIVED FOR JRS

Cashier/Collector Name

SUBJECT TO CONDITIONS AT THE BACK HERE

"This Document is not valid for Claiming of Input Tax"



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0000000000095263- 362

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TRACKING NUMBER

BC

SHIPPER INFORMATION

Date: 10/28/2022 Origin: Escolta
Client Type: Charge Services: Express Service
Package Type: 1 Pounder
Weight: 500 Grams
Description / Content: Documents
Destination: Mamburao, Occidental Mindoro
Shipper's Name: Department of Environment and Natural Resources
Shipper's Address: Building/Street
Contact Number: Mobile
Charge Account No. 109894

WAIVER OF RIGHTS

After being informed of my right to declare the amount of the shipment and having opted not to do so, I hereby waive my right to claim its actual value in the event of loss or damage of my cargo.

I hereby declare that the content of my shipment conforms with the restrictions being implemented by JRS BUSINESS CORPORATION in accordance with the laws of the Republic of the Philippines.

CONFORME:

Shipper's Signature Over Printed Name

RECEIVED FOR JRS

Cashier/Collector Name

CONSIGNEE

Name: denir penro occidental mindoro
Address: Mamburao, Occidental Mindoro
Contact #: _____
Special Instructions: _____

RECEIVED IN GOOD ORDER AND CONDITION

Received by: _____
Signature: _____
Date Received: _____
Time: _____
Relationship to Addressee: _____
Delivered by : _____
Delivery Branch: _____

PAYMENT

Freight Charge: 145.00
Valuation: 0.00
Insurance: 0.00
Pick-up Fee: 0.00
JRS Box: 0.00
Others: 145.00
Total Amount: _____

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**WAYBILL****CHARGE****CUSTOMER COPY**

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TRACKING NUMBER

BC

SHIPPER INFORMATION

Date: 10/28/2022 Origin: Escolta
Client Type: Charge Services: Express Service
Package Type: 1 Pounder
Weight: 500 Grams
Description / Content: Documents
Destination: Calapan City, Oriental Mindoro
Shipper's Name: Department of Environment and Natural Resources - Mimaropa Region
Shipper's Address: Building/Street
Contact Number: Mobile
Charge Account No. 109894

WAIVER OF RIGHTS

After being informed of my right to declare the amount of the shipment and having opted not do so, I hereby waive my right to claim its actual value in the event of loss or damage of my cargo.

I hereby declare that the content of my shipment conforms with the restrictions being implemented by JRS BUSINESS CORPORATION in accordance with the laws of the Republic of the Philippines.

CONFORME: [Signature]

Shipper's Signature Over Printed Name

RECEIVED FOR JRS

Cashier/Collector Name

CONSIGNEE

Name: denr penro oriental mindoro
Address: Calapan City, Oriental Mindoro
Contact #: _____
Special Instructions: _____

RECEIVED IN GOOD ORDER AND CONDITION

Received by: _____
Signature: _____
Date Received: _____
Time: _____
Relationship to Addressee: _____
Delivered by : _____
Delivery Branch: _____

PAYMENT

Freight Charge: 145.00
Valuation: 0.00
Insurance: 0.00
Pick-up Fee: 0.00
JRS Box: 0.00
Others: 145.00
Total Amount: _____

SUBJECT TO CONDITIONS AT THE BACK HEREOF*"This Document is not valid for Claiming of Input Tax"*



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**WAYBILL****CHARGE**
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TRACKING NUMBER

BC

SHIPPER INFORMATION

Date: 10/28/2022 Origin: Escolta
Client Type: Charge Services: Express Service
Package Type: Express Letter
Weight: 100 Grams
Description / Content: Documents
Destination: Odiangan, Romblon
Shipper's Name: Department of Environment and Natural Resources - Mimaropa Region
Shipper's Address: GENR by the Bay Building, 1515 Roxas Bldg
Ivvard Ermita
Contact Number: 09176720084
Charge Account No. 109894

WAIVER OF RIGHTS

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I hereby declare that the content of my shipment conforms with the restrictions being implemented by JRS BUSINESS CORPORATION in accordance with the laws of the Republic of the Philippines.

CONFORME:

Robert Danti Jr.
Shipper's Signature Over Printed Name**RECEIVED FOR JRS**

Cashier/Collector Name

CONSIGNEE

Name: denr penro romblon
Address: Odiangan, Romblon
Contact #: _____
Special Instructions: _____

RECEIVED IN GOOD ORDER AND CONDITION

Received by: _____
Signature: _____
Date Received: _____
Time: _____
Relationship to Addressee: _____
Delivered by: _____
Delivery Branch: _____

PAYMENT

Freight Charge: 120.00
Valuation: 0.00
Insurance: 0.00
Pick-up Fee: 0.00
JRS Box: 0.00
Others: 120.00
Total Amount: _____

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TRACKING NUMBER

BC

SHIPPER INFORMATION

Date: 10/28/2022 Origin: Escolta
Client Type: Charge Services: Express Service
Package Type: 5 Pounder
Weight: 2500 Grams
Description / Content: Documents
Destination: Puerto Princesa City, Palawan
Shipper's Name: Department of Environment and Natural Resources - Mimaropa Region
Shipper's Address: Building/Street
Contact Number: Mobile
Charge Account No. 109894

WAIVER OF RIGHTS

After being informed of my right to declare the amount of the shipment and having opted not to do so, I hereby waive my right to claim its actual value in the event of loss or damage of my cargo.

I hereby declare that the content of my shipment conforms with the restrictions being implemented by JRS BUSINESS CORPORATION in accordance with the laws of the Republic of the Philippines.

CONFORME:

Shipper's Signature Over Printed Name

RECEIVED FOR JRS

Cashier/Collector Name

CONSIGNEE

Name: denr penro palawan
Address: Puerto Princesa City, Palawan
Contact #: _____
Special Instructions: _____

RECEIVED IN GOOD ORDER AND CONDITION**PAYMENT**

Received by: _____
Signature: _____
Date Received: _____
Time: _____
Relationship to Addressee: _____
Delivered by: _____
Delivery Branch: _____

Freight Charge: 360.00
Valuation: 0.00
Insurance: 0.00
Pick-up Fee: 0.00
JRS Box: 0.00
Others: 360.00
Total Amount: _____

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SHIPPER INFORMATION

Date: 10/28/2022 Origin: Escolta
Client Type: Charge Services: Express Service
Package Type: 3 Pounder
Weight: 1500 Grams
Description / Content: Documents
Destination: Coron, Palawan
Shipper's Name: Department of Environment and Natural Resources - Mirarropa Region
Shipper's Address: Building/City
Contact Number: Mobile
Charge Account No. 109894

WAIVER OF RIGHTS

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I hereby declare that the content of my shipment conforms with the restrictions being implemented by JRS BUSINESS CORPORATION in accordance with the laws of the Republic of the Philippines.

CONFORME:

Shipper's Signature Over Printed Name**RECEIVED FOR JRS**

Cashier/Collector Name

CONSIGNEE

Name: denr penro coron
Address: Coron, Palawan
Contact #: _____
Special Instructions: _____

RECEIVED IN GOOD ORDER AND CONDITION

Received by: _____
Signature: _____
Date Received: _____
Time: _____
Relationship to Addressee: _____
Delivered by : _____
Delivery Branch: _____

PAYMENT

Freight Charge: 306.00
Valuation: 0.00
Insurance: 0.00
Pick-up Fee: 0.00
JRS Box: 0.00
Others: 388.00
Total Amount: _____

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