

PURCHASE ORDER



Department of Social Welfare and Development
Field Office VII, Cebu City

Supplier: BUDGET TRANSPORT SERVICE	PO No. DSWD7-2020-AMP-415
Address: 2452 Lomboy St., Banawa Cebu City	Date: 7/6/2020
Contact No.: 0975-841-1161	Mode of Procurement: NP-Emergency Cases
Contact Person: Miko Jan Lim	TIN: 275-302-892-000

Gentlemen:

Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery: Cebu South and Cebu North	Delivery Term: Upon Actual Date of Activity
Date of Delivery:	Payment Term: within 30 calendar days after receipt of billing.

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
	unit	PROVISION OF COASTER RENTAL SPECIFICATIONS: <ul style="list-style-type: none"> • 1 unit of coaster in good running condition • service from designated/identified pick-up and drop-off points from/to DSWD Field Office VII to Cebu South/North (up to Minglanilla/Lilo-an, Cebu, Talisay, Mandaue, Cebu City)Warehouses and vice versa Other Conditions: <ul style="list-style-type: none"> • can accommodate at least 27 pax in comfortable & normal sitting capacity • fully air-conditioned and well-maintained • vehicle year model must be 2015 and above • to pick-up and drop-off passengers/staff from identified/designated pick-up and drop-off points set by the Office • vehicle rental to include licensed professional driver, fuel/lubricant, disinfectant/sanitizer & thermal scanner • vehicle must be regularly and properly cleaned and disinfected • to ensure body temperature should be taken for every passenger before riding the vehicle and implement the "NO FACEMASK-NO RIDE" policy rental service must be up to 16 hours per day for 15 days Purpose: To transport encoders and staff from FOVII Cebu North/South and vice versa. End User: NHTS (Ref: PR No.: DSWD7-20-0773)	1	10,000.00 x 15 days	150,000.00
				3% 2%	4,500.00 3,000.00

(Total Amount in Words)

One Hundred Forty Two Thousand Five Hundred Pesos

Net of tax

142,500.00

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Very truly yours,

Conforme:

Signature over Printed Name of Supplier

Date

REBECCA P. GEAMALA
Regional Director

Funds Available:

LOUIE RAY C. MILLARIN, CPA
Regional Accountant

ALOBS No.:

Amount: