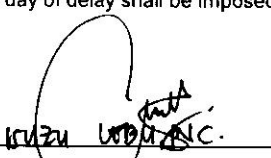



<b>PURCHASE ORDER</b>					
Department of Social Welfare and Development					
Field Office VII					
cor. MJ Cuenco Ave. & Gen. Maxilom Ave., Cebu City Tel. # 2330261, 2338785 Fax # 4129908, 2321192					
Supplier: <b>ISUZU CEBU INC.</b>			PO No. DSWD7-2020-AMP-136		
Address: NORTH HIGHWAY, BASAK JAGOBIAO MANDAUE CITY, CEBU			Date: 3/10/2020		
Contact No.: 0945-293-1447/234-0471			Mode of Procurement: Small Value Procurement		
Contact Person: JONMAR UY			TIN: 005-104-972-001		
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery:				Delivery Term: within 30 days upon receipt of approved PO	
Date of Delivery:				Payment Term: within 30 days after receipt of Billing/Sl/DR	
Stock No.	Unit	Description	Quantity	Unit Cost	Amount
	<b>lot</b>	Preventive Maintenance Services performing 100,000 km with check up and minor repair of defective parts of DSWD Service Vehicle, ISUZU (DMAX) with Plate No. CM5026. <b>Scope of Works:</b> *Perform PMS 100,000km, check up *Rust proofing ( full body) *A/C cleaning *Evaporator cleaning <b>Materials:</b> *Engine oil *Oil filter (genuine) *Fuel filter (genuine) *Drain plug washer *Gear oil Air filter( genuine) Grease Brake fluid; Coolant; ATF Brake cleaner Step board end cap (genuine) Expansion valve (genuine) AC drier (genuine) AC blower ( genuine)	<b>1</b>	<b>65,868.00</b>	<b>65,868.00</b>
		(PR Ref. DSWD7-2020-0226)		5%	2,940.54
				2%	258.93
				1%	458.64
<b>(Total Amount in Words)</b>		<b>Sixty Two Thousand Two Hundred Nine Pesos &amp; 89/100</b>		<b>Net of tax</b>	<b>62,209.89</b>
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.					
Conforme:			Very truly yours,		
 <u>ISUZU CEBU INC.</u> Signature over Printed Name of Supplier			 <b>REBECCA P. GEAMALA</b> Regional Director		
<u>3/10/2020</u> Date					
Funds Available:			ALOS No. : _____		
<b>LOUIE RAY D. VILLARIN, CPA</b> Regional Accountant			Amount : _____		