
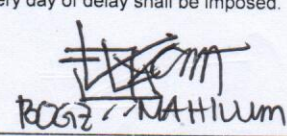
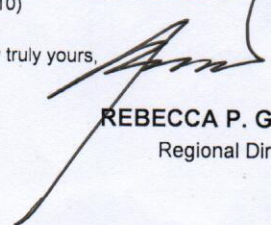


PURCHASE ORDER					
		Department of Social Welfare and Development Field Office VII, Cebu City			
Supplier: TOYOTA MABOLO CEBU, INC.			PO No. DSWD7-2020-AMP-500		
Address: 53 POPE JOHN PAUL II AVE, MABOLO CEBU CITY			Date: 8/19/2020		
Contact No.: 0995-073-9830/252-0000 local 160			Mode of Procurement: Small Value Procurement		
Contact Person: BOGS MAHILUM			TIN: 009-376-431-000		
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery:		DSWD FO VII, Cebu City		Delivery Term: within 30 calendar days upon receipt of approved PO	
Date of Delivery:				Payment Term: within 30 calendar days after receipt of Billing/SI/DR	
Stock No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	PREVENTIVE MAINTENANCE SERVICES performing 150,000 km with check-up repair and replacement of defective parts for DSWD Vehicle Toyota (Hi-ace) with Plate No. SDY 889	1	104,313.06	104,313.06
		Scope of works: *150,000 km check-up *replace timing belt *replace tie-rod & rack end *replace rotordisc and wiper rubber *replace conventional A/C cleaning *engine detailing *replace four (4) tires Materials: timing belt (genuine) *brake cleaner (genuine) *tie-rod & rack end (genuine) *rubber wiper blade *gasket *brake pad kit *oil filter *everseal *injector cleaner *freon *engine oil (5 liter) *pag-oil (synthetic lubricant) *engine flush *cleaner and coat *engine treatment additive *bridgestone tires *brake svstem kit (aenuine)			
		(Ref: PR No.: DSWD7-20-0796)		5%	4,656.83
				2%	1,862.73
(Total Amount in Words)		Ninety Seven Thousand Seven Hundred Ninety Three Pesos & 50/100		Net of tax	97,793.50
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:  Signature over Printed Name of Supplier 9/10/20 Date			Very truly yours,  REBECCA P. GEAMALA Regional Director		
Funds Available: LOUIE RAY C. VILLARIN, CPA Regional Accountant			ALOBS No. : _____ Amount : _____		

PO No. DSWD7-2020-AMP-500