

PURCHASE ORDER



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

Supplier: YANE'S ADVENTURES VAN SERVICE	PO No. DSWD7-AMP-2022-017
Address: PANGI, SIQUIJOR SIQUIJOR	Date: 1/25/2022
Contact No.: 0905-2133-123	Mode of Procurement: Small Value Procurement
Contact Person: JADE HAZEL JANN J. PESTILLOS	TIN: 903-106-060-000

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

Place of Delivery: Any point of Siquijor Province	Delivery Term: FEBRUARY 2022 to DECEMBER 2022
Date of Delivery: Pls. see dates stated below	Payment Term: within 30 calendar days after receipt of Billing/Sl/DR

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
	unit	VAN RENTAL	11	6,000.00	66,000.00
		Specifications: *Four - wheel drive, preferably *Fully airconditioned *At least 14-person min. capacity (normal seating capacity) *Inclusion of fuel and lubricant *With licensed driver including his food & accommodation *Vehicle year model must be at least 2013 or above *Use of van depends on the set schedule of activity from (February - December 2022) *8 to 12 hours per day *Origin: Siquijor, Siquijor *Places to be visited: Any point in Siquijor Province Roundtrip Purpose: To provide transportation of Social Pension staff for official functions during the CY-2022/ spot check/Conduct of Technical Assistance to LGUs and other activities. (Ref: PR No.: DSWD7-22-0053)			
				5%	2,946.43
				2%	1,178.57

(Total Amount in Words)	Sixty One Thousand Eight Hundred Seventy Five Pesos	Net of tax	61,875.00
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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: *Jade Hazel Jann J. Pestillos*
JADE HAZEL JANN J. PESTILLOS
 Signature over Printed Name of Supplier
 January 28, 2022
 Date

Rebecca P. Geamala
REBECCA P. GEAMALA, DMPA
 Regional Director

Funds Available: **SOFRONIO S. TABIGUE, JR.**
LOUIE RAY C. VILLARIN, CPA
 Regional Accountant

ALOS No. _____
 Amount : _____