

**PURCHASE ORDER**



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

Supplier: <b>TS TOURS SERVICES</b>	PO No. DSWD7-AMP-2022-032
Address: MASLOG, SIBULAN, NEGROS ORIENTAL	Date: 2/10/2022
Contact No.: 0917-585-0326	Mode of Procurement: Small Value Procurement
Contact Person: TIMOTHY F. YRAD	TIN: 938-540-626-000

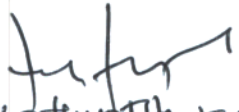
Gentlemen:  
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery: within Dumaguete City and Negros Oriental Province	Delivery Term: FEBRUARY 2022 TO DECEMBER 2022
Date of Delivery:	Payment Term: within 30 calendar days after receipt of Billing/SI/DR


Stock No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	<b>VAN RENTAL SERVICES (NEGROS PROVINCE AREA)</b>  <b>Specification:</b> * Four-wheel drive, preferably * Fully air-conditioned * 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 * 8 to 12 hours per day * Driver must be fully vaccinated with covid-19 <b>Origin:</b> * Dumaguete City, Negros Oriental <b>Place to be visited:</b> *Any point in Negros Oriental Province Round Trip  Purpose: To provide transportation of SLP staff for official functions during Spot check/ conduct of Technical Assistance to Different SLP staff / and Delivery of Assorted Office Supplies and Documents to different LGUs and conduct LAG implementation activities in the Province of Negros Oriental for CY 2022.  (Ref: PR No.: DSWD7-22-0073)	1	₱ 5,150.00 x 35 trips	180,250.00

<b>(Total Amount in Words)</b>	<b>One Hundred Eighty Thousand Two Hundred Fifty Pesos</b>	<b>180,250.00</b>
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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.

Conforme:   
 JOVINO ANILO TIMOTHY F. YRAD  
 Signature over Printed Name of Supplier  
 2/15/22  
 Date

Very truly yours,   
**REBECCA P. GEAMALA, DMPA**  
 Regional Director

Funds Available: **LOUIE RAY C. VILLARIN, CPA**  
 Regional Accountant 

ALOBS No. \_\_\_\_\_  
 Amount : \_\_\_\_\_