

PURCHASE ORDER

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

Supplier: REPUBLIC GAS CORPORATION	PO No. DSWD7-AMP-2022-037
Address: UPPER LAGUNA, GREENHILLS, SAN FERNANDO, CEBU	Date: 2/14/2022
Contact No.: 0919-081-8003	Mode of Procurement: Shopping
Contact Person: ROSALIE ALDOBA	TIN: 005-538-862-169

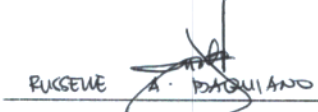
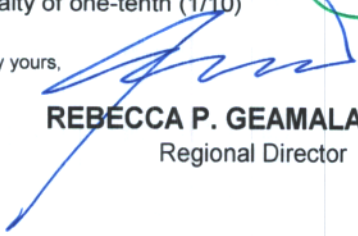
Gentlemen/Madam:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery: RRCY, CANDABONG ARGAO, CEBU	Delivery Term: FEBRUARY 2022 to DECEMBER 2022
Date of Delivery: Every Friday 1:00pm to 4:00pm	Payment Term: within 30 days after receipt of Sales Invoice/Billing Statement

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
	tank	Provision of Supply and Delivery of Liquefied Petroleum Gas (LPG)	50	Note: Based on the specifications and other conditions of No. 5 ABC will be considered as the contract amount	210,000.00
		Specification and Other Conditions: 1. Content only, at least 50kg 2. Frequency of delivery: at least four (4) tanks per month or as need arises upon request by the procuring entity or end-user 3. Specific date of delivery: as scheduled by the procuring entity or end-user 4. Subject to ACTUAL prevailing price on the period of delivery per Department of Energy- Visayas 5. For purpose of price Evaluation, financial compliance shall be determined through the UNIT PRICE of the item. The Approved Budget of the Contract (ABC) will be considered as the Contract Amount 6. Without prejudice to the provision of the applicable law, rules and regulations, the contract shall be automatically terminated when the amount specified for this contract has been exhausted or up to December 31, 2022, whichever comes first.			
		Purpose: For RRCY use. (PR Ref. DSWD7-2022-0071)			

(Total Amount in Words)	Two Hundred Ten Thousand Pesos	210,000.00
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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.

Conforme:  Signature over Printed Name of Supplier <u>2/16/22</u> Date	Very truly yours,  REBECCA P. GEAMALA, DMPA Regional Director
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Funds Available: LOUIE RAY C. VILLARIN, CPA Regional Accountant	ALOBS No. : _____ Amount : _____
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