		DEPARTMENT OF SOCIA IBP Road, Constitu	L WELFARE & DEVELO	OPMENT	#167		
Supplier	: MEN	NDO ENTERPRISES	PO No. :		2018-02-0071		
Address	: Blk.	11, Lot 12C Bulova St., Fairview Quezon City	Date :		February 20, 2018		
Tel. No. : 239-21		-2115 / 430-0007	PhilGEPS Registration No. :		2001-3096		
TIN: 209-8		-829-905-000	Mode of Procurement :		NP-SMALL VALUE \		
Gentle	men:	/ wc				,	
	Please fu	rnish this office the following articles subject	to the terms and condit	ions contai	ned herein:		
Place of I	Delivery:	DSWD Central Office, IBP Road, Constitution Hills, Q.C	Delivery Term:	erm: 7 Working Days Upon Receipt of PO			
Date of D	elivery:		Payment Term:	15-30 days upon receipt of Final Inspection and Acceptance.			
Stock / Property No.	Unit	Description		Quantity	Unit Amount	Amount	
NO.	pcs	TIRES (215 X 60 R17) Champiro HPY (SUV) Origin: Indonesia For Nissan X-Trail Model 2013 ******NOTHING AS FOLLOW	VS****	£ 4	5,752.80	23,011.20	
		PR No. 2018020220  AOQ No. 18 0071 NP-SV  Purpose: For replacement of wornout tires of UModel 2013 assigned to OSEC	JQB 605 Nissan X-Trail		:		
		Page 1 of 1					
(Total Amount in TWENTY THREE THOUSAND ELEVEN PES			ESOS AND TWENTY	CENTAVOS	S ONLY. P	, 23,011.20	
In equal amou termir	to one-ternt of liquid nate the co	ailure to make full delivery within the time spenth of one percent (0.001) of the cost of the ur dated damages reaches ten percent (10%) of tontract, without prejudice to other courses of on for payment, the supplier/service provider signed copy of this Purchase Order within thr	ecified above, the amount performed portion for eache amount of the contra action and remedies av	nt of the liquevery day of act, the Provailable und	uidated damages f delay. Once the curing Entity may er the circumstar	cumulative rescind or aces. worn Statement	
Con	forme:	138	Very truly you	urs,	100		
	Domina.	dor Mendoza Sr.  ever printed name of Supplier	C'	NICOMEDES P. SULLER Signature over Pfinted Name of Authorized Official			
	Signature o	Date		OIC Director, Administrative Service  Designation			
Fund CI Funds A	Available:	JUBIELEAH MAE. S. COLES enature over Printed Name of Chief Accountant/	ORS/BURS No Date of the OR Amount	- 1		102-101066 20-18 3,011-20	
	318	Head of Accounting Division/Unit	<b>X</b>				