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PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

IBP Road, Constitution Hills, Quezon City

W5F5

	ISTAR OF DAVID TOURS & TRANSPORT		PO No. :		2018-06-0555	
lier: SERVICES		ICES	Date:		June 19, 2018	
ess : Vo. :	.: 0917-8533044/ 853-3044/ 854-3731/ 330 6655		Mode of Procurement :		Negotiated Procurerment - Small Value	
geps #: 2008-42918 102-476-086-000		2918 V				
		1 (7)	X			
tlemen:	a furnic	th this office the following articles subject to	o the terms and conditions co	ntained he	rein:	
Company of the Mayban Overon			Payment Term:	Advise to Debit Account (ADV)		
te of Delivery:		DSWO-Central City		Fifteen (15) to Thirty (30) days upon receipt of billing statement & complete supporting documents for every conduct of each batch		
		Description			Unit Amount	
Property L	Jnit		LDI			
b	uses S	BUS RENTAL for the Staff Re-orientation and strengthening of Community Programs and Organization 49-seater, air-conditioned bus with luggage IV (air-conditioned tourist bus)	Services Bureau as an	2	48,000.00	96,000.00
	ار	22 June 2018, 0300 (3AM) - Date of pick-up f Queen Margarette Hotel, Inc. (Plaridel St., M 24 June 2018, 1200 (12NN) - Date of pick-up Inc. (Plaridel St., Mauban, Quezon) to DSWI	from Queen Margarette Hotel	,		
•		Inc. (Plander St., Waubarr, 440250) to Device Inclusive of Fuel Expenses, payment to drive				
:						
and the second s		* Contact Person: Jonalhan Ceazar * Tel. No. : (02) 277-3081/ 08 AOQ NO.: 18-0719NP-SV; V PR No: 2	S. dela Cruz 917-1548897			
ļ		AOQ NO.: 18-0719147-57,2				
		Page 1 of				P 96,000
(Total Amour	nt in Words	NINETY-SIX T	HOUSAND PESOS ONLY	10		1'
in case of percent (10%) of	of failure (0.001) o f the amo	to make full delivery within the time specified above f the cost of the unperformed portion for every day bunt of the contract, the Procuring Entity may rescir	nd or terminate the contract, withou	it prejudice i	a other courses o	i action and
As a co	ndition fo this P.O.	ole under the circumstances. If payment, the supplier/service provider is required within three (3) days from the date the copy was s	I to submit the duly notatized Offini erved through facsimile machine. Very truly yours,	1 /		/
Conf	forme:	NILO PALVARADO		nas ire over Prij	IE D/AAGUL6	d articial
	Signat	ture over printed name of Supplier	(a.		Director, CPSB/ Designation	\$
Fund Cli Funds A	uster: Vailable	Date CS20/0 44-1-1	ORS/BURS No.: Date of the ORS/B Amount	<i>02-J011</i> 9 SURS:	1-2018 <u>- 26</u> 1990	.06834 .000-
		Signature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit			£	

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