



PURCHASE ORDER
BUREAU OF THE TREASURY
 Intramuros, Manila
 Telefax No.: 524-7008

Appendix 61

Supplier : AUTO-PHIL MARKETING CORPORATION		P.O. No. : 2023-02-0038			
Address : 1745 Dimasalang St., Sta. Cruz, Manila		Date : February 15, 2023			
Contact No.: 8732-2371 to 76		Mode of Procurement : Negotiated Procurement			
Fax No. -					
TIN: 000-327-221-000					
Gentlemen: Please proceed with the Supply and Installation of Tires with Tie Rod (L-R) and Rack-End (L-R) Replacement for Toyota Hi-Ace Commuter Van 2017, with Plate No. SAB-4116 in the amount of Php5,250.00 (VAT inclusive) following the terms and conditions contained herein:					
Place of Delivery : Ayuntamiento Building, Intramuros, Manila		Delivery Term: Three (3) Calendar days from receipt of Purchase Order			
Date of Delivery: -		Payment Term : 30 days			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	SUPPLY AND INSTALLATION OF TIRES WITH TIE ROD (L-R) AND RACK-END (L-R) REPLACEMENT FOR TOYOTA HI-ACE COMMUTER VAN 2017, WITH PLATE NO. SAB-4116 , composed of the following:	1	-	-
	units	TIRE , 195 R15C, Cargo Marathon 2 Goodyear. (Including tire valve, weights and Alignment)	4	6,912.50	27,650.00
	lot	Supply of Labor and Materials for the Replacement of Tie Rod (L-R) and Rack-End (L-R), for Toyota Hi-Ace Commuter Van 2017, with Plate Nos. SAB-4116 (555 brand - Japan Replacement)	1	8,200.00	8,200.00
		---Nothing Follows---			
		TOTAL			35,850.00
(Total Amount in Words): THIRTY FIVE THOUSAND EIGHT HUNDRED FIFTY PESOS AND (00/000)					
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 on the undelivered item/s.					
Conforme: _____ Signature over Printed Name of Supplier _____ Date			Very truly yours, <u>ATTY. RAYMUNDO U. TAN (Sgd.)</u> Signature over Printed Name of Authorized Official OIC, Administrative Service Designation		
Fund Cluster : _____ Funds Available : _____ <u>ROWENA R. GAMBA (Sgd.)</u> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit			ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____		