



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

Appendix 61

Supplier : SURE TIRE TRADING			P.O. No. : 2023-03-0072		
Address : 17 Rimando Road, Trancoville, Baguio City			Date : March 30, 2023		
Tel. No.: (074) 448-0045			Mode of Procurement : Negotiated Procurement		
Email Address: suretire.trading@yahoo.com					
TIN : 103-286-415-000					
Gentlemen: Please proceed with the Supply and Installation of Tires for Mitsubishi Xpander with CS No. B4-I856 in the amount of Php 22,800.00 (VAT inclusive) following the terms and conditions stated herein:					
Place of Delivery : Ayuntamiento Bldg., Cabildo St. cor. A. Soriano Ave., Intramuros, Manila			Delivery Term: within Three (3) Calendar Days from receipt of Purchase Order		
Date of Delivery : -			Payment Term : -		
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	SUPPLY AND INSTALLATION OF TIRES FOR MITSUBISHI XPANDER WITH CS No. B4-I856 , composed of the following:	1	-	-
	units	Tire, 205/55 R16 <i>---nothing follows---</i>	4	5,700.00	22,800.00
		TOTAL			22,800.00
(Total Amount in Words) TWENTY TWO THOUSAND EIGHT HUNDRED AND (00/00)					
<p>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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Conforme:</p> <p>_____</p> <p>Signature over Printed Name of Supplier</p> <p>_____</p> <p style="text-align: center;">Date</p> </div> <div style="width: 45%;"> <p>Very truly yours,</p> <p style="text-align: center;"><u>ATTY. RAYMUNDO U. TAN (Sgd.)</u></p> <p>Signature over Printed Name of Authorized Official</p> <p style="text-align: center;">OIC, Administrative Service</p> <p style="text-align: center;">Designation</p> </div> </div>					
Fund Cluster : _____ Funds Available : _____ <p style="text-align: center;"><u>ROWENA R. GAMBA (Sgd.)</u></p> <p style="text-align: center;">Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>			ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____		