



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

Appendix 61

Supplier : KRISKA TRADING Address : Bl 12 L25-A Ezra St. Camella Homes Classic, Pilar Village, Las Piñas City Contact No.: 0999-914-8835 Email Add.: ramenguito@gmail.com TIN: 141-840-258-000		P.O. No. : 2023-10-0209 Date : October 10, 2023 Mode of Procurement : Small Value Procurement			
Gentlemen: Please proceed with the SUPPLY AND INSTALLATION OF TIRES FOR FIVE (5) UNITS MITSUBISHI XPANDER GLX 2019 WITH CS NO. B4-I846, B4-I849, B4-I854, B4-S024 AND B4-K338 in the amount of Php979,888.00 (VAT inclusive) following the terms and conditions contained herein:					
Place of Delivery : Ayuntamiento Building, Intramuros, Manila Date of Delivery : -		Delivery Term: Within Thirty (30) Calendar Days from the receipt of the Purchase Order Payment Term : -			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	SUPPLY AND INSTALLATION OF TIRES FOR FIVE (5) UNITS MITSUBISHI XPANDER GLX 2019 WITH CS NO. B4-I846, B4-I849, B4-I854, B4-S024 AND B4-K338 , composed of the following:	1	-	-
	Pcs	Tire, 205/55 R16 91V (Bridgestone Ecopia)	20	6,000.00	120,000.00
	Pcs	Wheel Balancing and Installation	20	250.00	5,000.00
	Lots	Wheel Alignment	5	300.00	1,500.00
	Sets	Tire Valves and Weights	20	100.00	2,000.00
		---Nothing Follows---			
		Reference: PR No. 2023-07-0273 For the FMD			
		TOTAL			128,500.00
(Total Amount in Words): ONE HUNDRED TWENTY-EIGHT THOUSAND FIVE HUNDRED 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, <div style="text-align: right;"> <u>ATTY. RAYMUNDO U. TAN (Sgd.)</u> Signature over Printed Name of Authorized Official Director III, Administrative Service Designation </div>			
Fund Cluster : _____ Funds Available : _____ <div style="text-align: center;"> <u>ROWENA R. GAMBA (Sgd.)</u> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit </div>		ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____			