



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

Supplier : KRISKA TRADING Address : #Block 12, Lot 25-A, Ezra St., Camella Homes, Pilar Village, Las Piñas City Contact No.: 0999-914-8835, 463-3679 Email Add.: ramenguito@gmail.com TIN: 141-840-258-000		P.O. No. : 2024-04-0067 Date : April 15, 2024 Mode of Procurement : Negotiated Procurement			
Gentlemen: Please proceed with the Supply and Installation of Tires for BTr Vehicle Toyota Innova E 2017 with Plate No. SAB 2260 in the amount of Php28,800.00 (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 approved PO Payment Term : 30 days upon delivery			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	SUPPLY AND INSTALLATION OF TIRES FOR BTR VEHICLE TOYOTA INNOVA E 2017 WITH PLATE NO. SAB 2260 composed of the following: Tire, for Toyota Innova E 2017 with Plate No. SAB 2260 <p style="text-align: center;">---Nothing Follows---</p> Reference: PR No. 2024-04-0137 For the FMD	1	-	-
	units		4	7,200.00	28,800.00
TOTAL					28,800.00
(Total Amount in Words): TWENTY-EIGHT THOUSAND EIGHT HUNDRED THIRTY PESOS AND (00/000)					
<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 style="text-align: center;">_____ Signature over Printed Name of Supplier</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 style="text-align: center;">Signature over Printed Name of Authorized Official</p> <p style="text-align: center;">Director III, Administrative Service Designation</p> </div> </div>					
Fund Cluster : _____ Funds Available : _____			ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____		
<u>ROWENA R. GAMBA (Sgd.)</u> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit					