



Funding the Republic

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



BAGONG PILIPINAS

Supplier : AMO CHARTERED BUSES AND CARS OPERATION SERVICES		P.O. No. : 2025-04-0054			
Address : 88 Venus St., Manuyo Dos, Las Piñas City		Date : April 04, 2025			
Contact No.: 8553-2436; 0906-259-8761		Mode of Procurement : Negotiated Procurement			
Email Add.: amocharter@yahoo.com					
TIN: 323-924-081-000					
Gentlemen: Please proceed with the Procurement of Transportation Service for the 2025 Administrative Service Operational Planning Workshop and Team Building Activities in the amount of Php88,800.00 (VAT inclusive) following the terms and conditions contained herein:					
Place of Delivery : Ayuntamiento Building, Intramuros, Manila Date of Delivery: -		Delivery Term: As per Section IV. Requirements and Conditions, (1) Schedule of the Terms of Reference Payment Term : 30 days			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	PROCUREMENT OF TRANSPORTATION SERVICE FOR THE 2025 ADMINISTRATIVE SERVICE OPERATIONAL PLANNING WORKSHOP AND TEAM BUILDING ACTIVITIES <i>---Nothing Follows---</i> Reference: PR No. 2025-03-0059 For the Administrative Service	1	88,800.00	88,800.00
		TOTAL			88,800.00
(Total Amount in Words): EIGHTY-EIGHT THOUSAND EIGHT HUNDRED 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>_____ Signature over Printed Name of Supplier</p> <p>_____ Date</p> </div> <div style="width: 45%; text-align: right;"> <p>Very truly yours,</p> <p><u>ATTY. RAYMUNDO U. TAN (Sgd.)</u> Signature over Printed Name of Authorized Official</p> <p>Director III, Administrative Service Designation</p> </div> </div>					
Fund Cluster : _____ Funds Available : _____			ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____		
<p><u>ROWENA R. GAMBA (Sgd.)</u> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>					