



## PURCHASE ORDER

Supplier : **DAGOEMC**

P.O. Number: **2024051035**

Address : **CAPITOL COMPOUND MANKILAM TAGUM CITY**



**02024051035EAE7DC469**

PhilGEPS Registration No. : **201304131749506079790**

Date : **Apr 30, 2024**

Tel./Mobile/Fax No. : **09078130928**

P.R. No. : **2024042531**

Registration Certificate : **DTI**

Procurement mode: **Negotiated Procurement -  
 Direct Retail Purchase  
 (POL/AT)**

Req. Office : **Provincial Health Office**

Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein:

Date of Delivery : \_\_\_\_\_ Payment Term : **ON ACCOUNT**

Delivery Term: **Pick up  
 Partial delivery NOT ALLOWED**

Place of Delivery : **Location of the winning bidder**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	1.00 Lot	FUEL, OIL & LUBRICANTS	75,000.00	75,000.00

Remarks :

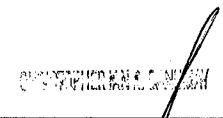
**TERMS AND CONDITIONS**

1. Bid Prices for procurement using the Retail Pump Price or the price of petroleum fuel per liter, such as, gasoline, diesel oil and kerosene, as established by retailers, dealers or gas stations for the day. Cost for E-VAT and other governmental costs which fall equally on all prospective suppliers are presumed to be included in the computation of the bid price.
2. For staggered deliveries, the procuring entity shall make, after every delivery, an accounting of the amount actually payable based on the date of the delivery receipt to determine the allowable unit/volume that may still be ordered from the remaining amount allotted for each POL product. The procuring entity shall be allowed to make adjustments in the units/volume to be delivered per type of product to conform to the remaining amount in the total contract price.
3. The supplier shall be responsible to dispense fuel to **Provincial Health Office** vehicles only and ensure that issued fuel will not exceed PO allocation.
4. Fuel, Oil, Lubricants and Other Services shall be available to the **Provincial Health Office** upon the issuance of the approved Purchase Order (PO). All purchases must be accompanied by properly accomplished and duly signed PO.
5. The supplier shall ensure that a transaction slip/receipt/invoice shall be issued every time fuel is withdrawn or other products/services are given; that the transaction slips accurately reflects any and all purchases charged to the **Provincial Health Office**; maintain a comprehensive register to record all withdrawals made on a per vehicle basis; issue an accurate Statement of Account with copies of transaction slip/receipt/invoice based on terms and conditions no. 6.
6. Payment shall be made by the **Provincial Health Office** within **15** calendar day/s from receipt of the **monthly** billing with

**TO BE USE OF ACTIVE CASE FINDING FOR TB IMPLEMENTATION**

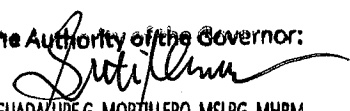
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Conforme :

  
 \_\_\_\_\_  
 (Signature over/Printed name)  
**5-3-24**  
 \_\_\_\_\_  
 (Date)

Very truly yours,

By the Authority of the Governor:


  
**GALE GUADALUPE G. MORTILLERO, MSLRG, MHRM**  
 Assistant Provincial Administrator (Administration)  
**DE CARLO L. UY**  
 Acting Governor

**NOTE:** This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial Treasurer supported by this form to be attached to the voucher.

**PAUL LOUIE V. GEMARINO**



## PURCHASE ORDER

Supplier : <b>DAGOEMC</b>  Address : <b>CAPITOL COMPOUND MANKILAM TAGUM CITY</b>  PhilGEPS Registration No. : <b>201304131749506079790</b> Tel./Mobile/Fax No. : <b>09078130928</b> Registration Certificate : <b>DTI</b>	P.O. Number: <b>2024051035</b>  <b>02024051035EAE7DC469</b> Date : <b>Apr 30, 2024</b> P.R. No. : <b>2024042531</b> Procurement mode: <b>Negotiated Procurement - Direct Retail Purchase (POL/AT)</b>
Req. Office : <b>Provincial Health Office</b>	

Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein:

Date of Delivery : _____ Payment Term : <b>ON ACCOUNT</b> Place of Delivery : <b>Location of the winning bidder</b>	Delivery Term: <b>Pick up</b> <b>Partial delivery NOT ALLOWED</b>
--	--

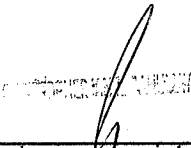
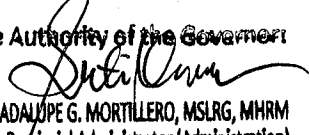
I.N.	Quantity/Unit	Item	Unit Cost	Amount
------	---------------	------	-----------	--------

complete attachments covering actual purchases.

7. The supplier shall provide immediately the following documentary requirements for the processing of payment, viz:
  - a) Mayor's permit
  - b) BIR Certificate of Registration
  - c) Omnibus Sworn Statement
  - d) PhilGEPS Registration Number (Number only Red or Platinum Membership)
8. The supplier shall be located within 5 radius from the requisitioning office.
9. No advance withdrawal is allowed prior to the approval of the Purchase Order.
10. Additional fund allocation due to supplemental budget, augmentation shall follow the usual procedures of procurement.
11. The supplier shall provide fuel, oil, lubricants and other products/services requirement of the **Provincial Health Office** service vehicles including free of charge basic services like windshield cleaning, oil/water level checking, and tire pressure gauge measurement.
12. The **Provincial Health Office** reserves the right to withdraw or cancel the Purchase Order, should there issues which shall arise in terms of customer service or in accordance with Annex "I" of the 2016 revised IRR of RA No. 9184, without thereby incurring any liability to the affected supplier.

**TO BE USE OF ACTIVE CASE FINDING FOR TB IMPLEMENTATION**

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.

Conforme : _____ <div style="text-align: center;">             _____            (Signature over printed name)  <b>5-3-24</b>            _____            (Date)         </div>	By the Authority of the Governor  Very truly yours, <b>GALE GUADALUPE G. MORTILLERO, MSLRG, MHRM</b> Assistant Provincial Administrator (Administration) <b>DE CARLO L. UY</b> Acting Governor
--	--

**NOTE:** This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial Treasurer supported by this form to be attached to the voucher.

PAUL LOUIE V. GEMARINO