




PURCHASE ORDER

Supplier : GOLDEN JV GASOLINE STATION Address : PRK. 8 MAMBAGO-B IGACOS 8119 ISLAND GARDEN CITY OF SAMAL DAVAO DEL NORTE PhilGEPS Registration No. : 201905421651878046290 Tel./Fax No. : 09184847453 Registration Certificate : DTI	P.O. Number: 2023093570  O202309357038D773464 Date : Sep 27, 2023 P.R. No. : 2023095661 Procurement mode: Negotiated Procurement - Direct Retail Purchase (POL/AT)
Req. Office : PEEDO - DDN Hospital (IGCS Zone)	

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
Place of Delivery : Location of the winning bidder	

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	1.00 Lot	Diesel	230,400.00	230,400.00
2	1.00 Lot	Gasoline xcs premium	7,000.00	7,000.00
3	1.00 Lot	Engine Oil 15w -D40	10,500.00	10,500.00
4	1.00 Lot	Coolant	1,500.00	1,500.00
5	1.00 Lot	Brake Fluid	600.00	600.00

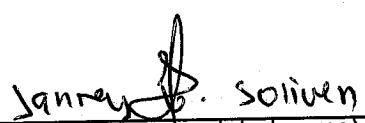

Remarks : Consumption from October 1 to December 31, 2023 payment be made monthly basis on actual pump price

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 **PEEDO - DDN Hospital (IGCS Zone)** vehicles only and ensure that issued fuel will not exceed PO allocation.
4. Fuel, Oil, Lubricants and Other Services shall be available to the **PEEDO - DDN Hospital (IGCS Zone)** upon the issuance of the approved Purchase Order (PO). All purchases must be accompanied by properly accomplished and duly signed PO.

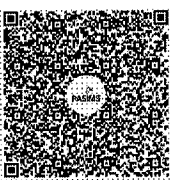
For the used of PEEDO, DDNH, IGACOS zone

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) 09-28-2023 _____ (Date)	By the Authority of the Governor  Very truly yours, ENGR. JOSIE JEAN R. BASANOS CE, MPA, EnP Provincial Administrator EDWIN I. JUBAHIB 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.

ALEJANDRO R. OMILA JR.



PURCHASE ORDER

Supplier : <u>GOLDEN JV GASOLINE STATION</u> Address : <u>PRK. 8 MAMBAGO-B IGACOS 8119 ISLAND GARDEN CITY OF SAMAL DAVAO DEL NORTE</u> PhilGEPS Registration No. : <u>201905421651878046290</u> Tel./Fax No. : <u>09184847453</u> Registration Certificate : <u>DTI</u>	P.O. Number: 2023093570  O202309357038D773464 Date : Sep 27, 2023 P.R. No. : 2023095661 Procurement mode: Negotiated Procurement - Direct Retail Purchase (POL/AT)
Req. Office : PEEDO - DDN Hospital (IGCS Zone)	

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

Date of Delivery : _____ Payment Term : ON ACCOUNT Place of Delivery : Location of the winning bidder	Delivery Term: Pick up
--	-------------------------------

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

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 **PEEDO - DDN Hospital (IGCS Zone)**; 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 **PEEDO - DDN Hospital (IGCS Zone)** within **30** calendar day/s from receipt of the **monthly** billing with 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 **6 kilometers** radius from the requisitioning office.

9. No advance withdrawal is allowed prior to the approval of the Purchase Order.

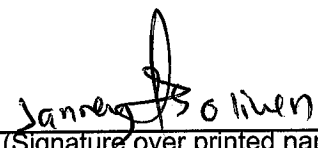
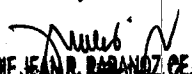
10. Additional fund allocation due to supplemental budget, augmentation shall follow the usual procedures of procurement.

11. The supplier shall provide fuel, oil, lubricants and other products/services requirement of the **PEEDO - DDN Hospital (IGCS Zone)** service vehicles including free of charge basic services like windshield cleaning, oil/water level checking, and tire pressure gauge measurement.

12. The **PEEDO - DDN Hospital (IGCS Zone)** 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

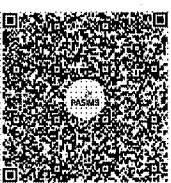
For the used of PEEDO, DDNH, IGACOS zone

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) _____ 08-28-2023 (Date)	By the Authority of the Governor Very truly yours,  ENGR. JOSE JEAN R. BARANZO, CE, MPA, EnP Provincial Administrator EDWIN I. JUBAHIB 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.

ALEJANDRO R. OMILA JR.



PURCHASE ORDER

Supplier : <u>GOLDEN JV GASOLINE STATION</u>	P.O. Number: 2023093570  0202309357038D773464
Address : <u>PRK. 8 MAMBAGO-B IGACOS 8119 ISLAND GARDEN CITY OF SAMAL DAVAO DEL NORTE</u>	Date : Sep 27, 2023 P.R. No. : 2023095661 Procurement mode: Negotiated Procurement -
PhilGEPS Registration No. : 201905421651878046290 Tel./Fax No. : 09184847453 Registration Certificate : DTI	Direct Retail Purchase (POL/AT)
Req. Office : PEEDO - DDN Hospital (IGCS Zone)	

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
Place of Delivery : Location of the winning bidder	

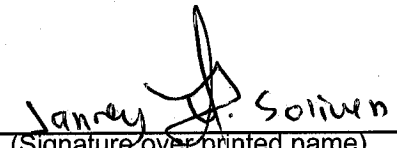

I.N.	Quantity/Unit	Item	Unit Cost	Amount
------	---------------	------	-----------	--------

thereby incurring any liability to the affected supplier.

The award is based on **Memorandum Circular No. 04 series of 2022** and **PR No. 2023095661** under Quotation No. **L20234817** opened on **September 27, 2023**

For the used of PEEDO, DDNH, IGACOS zone		
Grand Total Amount in Words : TWO HUNDRED FIFTY THOUSAND AND XX / 100	GRAND TOTAL :	₱ 250,000.00

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; margin-top: 20px;">  _____ (Signature over printed name) 08-28-2023 _____ (Date) </div>	<p align="right">By the Authority of the Governor*</p> <p align="right">Very truly yours,</p> <div style="text-align: center; margin-top: 20px;">  ENGR. JOSE JEAN R. RABANOZ, CE, MPA, EnP Provincial Administrator EDWIN I. JUBAHIB Governor </div>
--	--

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.

ALEJANDRO R. OMILA JR.