




# PURCHASE ORDER

Supplier : <b>FOREMOST AUTO CARE SERVICES</b>  Address : <b>Quirante 1 Street., Magugpo Poblacion, Tagum City</b>  TIN: <b>275-365-264-00001</b> PhilGEPS Registration No. : <b>270599</b> Tel./Mobile/Fax No. : <b>09351958459</b> Registration Certificate : <b>DTI</b>	P.O. Number: <b>2024114295</b>  <b>O2024114295C54263E1D</b> Date : <b>Nov 20, 2024</b> P.R. No. : <b>2024106223</b> Procurement mode: <b>Shopping B (Regular Purchase)</b>
Req. Office : <b>Provincial Veterinarian's 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>	Delivery Term: <b>15 Calendar Days</b>
Place of Delivery : <b>Onsite</b>		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	2.00 PC	FUEL FITER (a2068) (for Foton ) <b>TAIWAN/CHINA</b>	1,500.00	3,000.00
2	1.00 SET	KING PIN FOR FOTON <b>TAIWAN</b>	6,500.00	6,500.00
3	1.00 PC	MAGNETIC HORN (For Foton) <b>TAIWAN</b>	3,500.00	3,500.00
4	6.00 PC	TIRES -8.25X16 FOR FOTON <b>INDIA</b>	10,500.00	63,000.00
5	1.00 pc	Battery n-70 (for Foton) <b>YOKOHAMA</b>	7,500.00	7,500.00

The award is based on Abstract No. **1120244139** created on **November 08, 2024** under Quotation No. **C20245460** opened on **November 04, 2024**

<b>Use for Repair and Maintenance of Foton with plate no. 5457 and property no. 0130-0196-0002</b>	
Grand Total Amount in Words : <b>EIGHTY-THREE THOUSAND FIVE HUNDRED AND XX / 100</b>	GRAND TOTAL : <b>₱ 83,500.00</b>

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.

I hereby conform that **NOTICE TO DELIVER** shall be served to the **PLACE OF DELIVERY** stated herein **three (3) days before the actual delivery of the item/s covered by this Purchase Order.**

Conforme : \_\_\_\_\_ Very truly yours, **JOEFREY C. MIRAFUENTES, MPA**  
(Signature over printed name) Supervising Admin. Officer  
**EDWIN I. JUBAHIB**  
 Provincial Governor

\_\_\_\_\_  
 (Date) (Date)

**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.