

JOB ORDER REQUEST

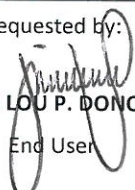

DBM - GPPB-TSO

Agency

Dept. Office of the Executive Director JOR No.: 2017-006 Date: 6/30/2017
Section _____ SAI No.: _____ Date: _____

Stock No.	Unit	Item Description	Quantity	Unit Cost	Amount
		Repair and Maintenance of GPPB-TSO Service Vehicle (Toyota Innova VQ7372) -perform 5,000 km check up -change engine oil (semi-synthetic) -change oil filter -drain plug gasket -gas injector cleaner -miscellaneous *****nothing follows*****			5,000.00
					5,000.00

Purpose: Repair and Maintenance of GPPB-TSO Service Vehicle
(Toyota Innova VQ7372)

Signature:	Requested by: 	Approved by: 
Printed Name:	DIANA LOU P. DONOSO	MILA C. MANALASTAS
Designation:	End User	Supervising Admin Officer

JOB ORDER

DBM - GPPB-TSO

Agency

Supplier: TOYOTA MAKATI INC.
 Address: Ayala cor. Metropolitan Ave., Makati City
 TIN: 225-814-535

J.O. No.: 2017 - 06
 Date: 18 JULY 2017
 Mode of Procurement: Negotiated Proc: SVP

Gentlemen:

Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery: Unit 2506, Raffles Corporate Center, F. Ortigas Jr. Rd., Ortigas Center, Pasig City
 Date of Delivery: _____

Delivery Term: _____
 Payment Term: Land Bank's LDDAP-ADA/Bank Transfer facility

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
	piece	Repair and Maintenance of GPPB-TSO Service Vehicle (Toyota Innova VQ7372) -perform 5,000 km check up -change engine oil (semi-synthetic) -change oil filter -drain plug gasket -gas injector cleaner -miscellaneous *****nothing follows*****			4,007.24

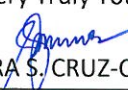
(Total Amount in Words) Four Thousand Seven Pesos and Twenty Four Cents only **4,007.24**

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 of Supplier
7/18/17
 Date

Very Truly Yours,


 ELMIRA S. CRUZ-CAISIDO
 Authorized Official

Funds Available: Kristine Dale T. Corpuz

 Chief Accountant

ALOBS No.: _____
 Amount: _____