




**Republic of the Philippines**  
**Province of Davao del Norte**  
 Government Center, Mankilam, Tagum City

**PURCHASE ORDER**

Supplier : <b><u>GOLDEN JV GASOLINE STATION</u></b>  Address : <b><u>PRK. 8 MAMBAGO-B IGACOS 8119 ISLAND GARDEN CITY OF SAMAL DAVAO DEL NORTE</u></b>  PhilGEPS Registration No. : <b><u>201905421651878046290</u></b> Tel./Fax No. : <b><u>09297232530</u></b> Registration Certificate : <b><u>DTI</u></b>	P.O. Number: <b>2022010088</b>  <b>2021122125DF91C</b> Date : <b>Jan 14, 2022</b> Mode of Procurement : <b>Shopping</b> P.R. No. : <b>2021122125</b>
Req. Office : <b>PEEDO - DDN Hospital (IGCS Zone)</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 supplier</b>	Delivery Term: <b>End-user shall require the delivery of items in such quantity depending on actual needs</b>
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	4,000.00 ltrs	Diesel	48.00	192,000.00
2	50.00 ltrs	Gasoline premium	58.00	2,900.00

- Remarks :  
 Terms and Condition  
 1. Payment will be base on Actual pump price  
 2. Payment will be made per quincina  
 3. The supplier must submit Statement of Account every 15th and 30th of the month  
 4. The supplier must be base in IGaCOS samal

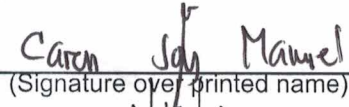
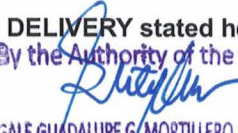
The award is based on Abstract No. **0120220066** dated **January 11, 2022** under Quotation No. **20218766C** opened on **January 06, 2022**

Sub-Total : 194,900.00

<b>For the used of PEEDO- DDNH, IGACOS Zone</b>	<b>GRAND TOTAL : ₱ 194,900.00</b>
Grand Total Amount in Words : <b>ONE HUNDRED NINETY-FOUR THOUSAND NINE HUNDRED AND XX / 100</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 : _____ <div style="text-align: center;">             (Signature over printed name)            _____            (Date)         </div>	Very truly yours, <div style="text-align: center;">   <b>GALE GUADALUPE G. MORTILLERO, MSLRG, MHRM</b>  <small>Assistant Provincial Administrator (Administration)</small>  <b>EDWIN JUBANIB</b>  <b>Governor</b> </div>
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**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.

DOMINGO C. DALIGDIG III