



PURCHASE ORDER

Supplier : DUBC MULTIPURPOSE COOPERATIVE

P.O. Number: 2025051532

Address : DOOR #7 MANTEX ARCADE, MAGALLANES STREET, BGRY - 2-A, POBLACION DISTRICT, DAVAO CITY



O2025051532156247BEB

TIN: 006-842-176-000

PhilGEPS Registration No. : 200802-19057-1011396209

Tel./Mobile/Fax No. : 09507837872

Registration Certificate : SEC

Date : May 26, 2025

P.R. No. : 2025042661

Procurement mode: Shopping B (Regular Purchase)

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 : PGSO Warehouse

Delivery Term: 10 Calendar Days

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	1.00 set	BALL JOINT Specification: * For Toyota Hi-ace Commuter Van 2016		
2	1.00 SET	BRAKE PAD Specification: * For Toyota HiAce Commuter Van 2016		
3	2.00 PC	SHOCK ABSORBER (FRONT) Specification: * For Toyota HiAce Commuter Van 2016 model		
4	8.00 PC	LEAF SPRING BUSHING Specification: * For Toyota HiAce Commuter Van 2016 model		
5	2.00 PC	SHOCK ABSORBER (REAR) Specification: * For Toyota Hi-ace Commuter Van 2o16 model		
6	1.00 SET	BRAKE SHOE Specification: * For Toyota Hi-Ace Commuter Van 2016 model		

Remarks :  
Repair of Toyota Hi-ace Commuter Van with Plate # 1101-264320 and PN # 0130-0186-0001

For the Repair and maintenance of Utility Vehicle 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.

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 :

NORBILVE C. BATULAN

(Signature over printed name)

05. 02. 25

(Date)

Very truly yours,

JOSEPRY C. MERRILLANTES, MPA  
Supervising Admin. Officer  
EDWIN I. JUBAHIB  
Governor


(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.



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Address : <u>DOOR #7 MANTEX ARCADE, MAGALLANES STREET, BGRY - 2-A, POBLACION DISTRICT, DAVAO CITY</u>				
TIN: <u>006-842-176-000</u>		Date : <u>May 26, 2025</u>		
PhilGEPS Registration No. : <u>200802-19057-1011396209</u>		P.R. No. : <u>2025042661</u>		
Tel./Mobile/Fax No. : <u>09507837872</u>		Procurement mode: <u>Shopping B (Regular Purchase)</u>		
Registration Certificate : <u>SEC</u>				
Req. Office : <u>PEEDO - DDN Hospital (IGCS Zone)</u>				
Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein:				
Date of Delivery : _____		Payment Term : <u>ON ACCOUNT</u>		
Place of Delivery : <u>PGSO Warehouse</u>		Delivery Term: <u>10 Calendar Days</u>		
I.N.	Quantity/Unit	Item	Unit Cost	Amount

The award is based on Abstract No. **0520251442** created on **May 22, 2025** under Quotation No. **C20251815** opened on **May 15, 2025**

For the Repair and maintenance of Utility Vehicle of PEEDO- DDNH, IGACOS zone	
Lot Price Amount in Words : <u>FIFTY-THREE THOUSAND AND XX / 100</u>	LOT PRICE: <u>₱ 53,000.00</u>
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 :  <u>NORBIL E. C. BATULAN</u> (Signature/over printed name)	Very truly yours,  <u>JOEFREY C. MARAÑONES, MPA</u> Supervising Admin. Officer <u>EDWIN I. JUBAHIB</u> Governor
<u>06.02.25</u> (Date)	 (Date)

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ALEJANDRO R. OMILA JR.