## **PURCHASE ORDER**

Department of Social Welfare and Development Cordillera Administrative Office

	7.1.2.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3				Annex G-5	
Supplier Address		SAGADIAN TOURIST TRANSPORT COOPERATIVE	Purchase Order No.		2021-10-664 10/18/2021	
		37 LOWER TACAY RD., ZARATE VILL., GUISAD, BAGUIO CITY  Date  Mode of		romon*		
Gentleme			Mode of Procu	n ement	SVP	
Place of D	Please	e furnish this office the following articles subject to the terms and condition	s herein.	T		
Date of De		AS INDICATED AS SCHEDULED	2000	Delivery Term: Payment Term:		
Stock/	Unit	Description	QTY	Unit	Total	
Property		VEHICLE RENTAL FOR THE MONITORING, IMPLEMENTATION AND	QII	Cost	Cost	
		EVALUATION OF FIELD OFFICE CAR DELIVERY OF VARIOUS SOCIAL WELFARE AND DEVELOPMENT SERVICES				
		Travel Date: October 19 - December 31, 2021 Required Vehicle and capacity:			-	
	days	4x4/ SUV/ Pick-up, can accommodate maximum of 3 passengers or van that can accommodate 7 passengers excluding driver with consideration of physical distancing.	165	4,480.00	739,200.00	
		Places of Travel: CAR, Region I, Region II and others as maybe necessary			-	
		OTHER REQUIREMENTS  Preferably Vehicle year model must be at least 2016 and up		COMPLIANCE		
		Fully Air Conditioned		<b>✓</b>		
			kimum of 5 vehicles during simultaneious travels.			
		•	e OR, CR, Driver's License, Certificate of Public Convenience for the 5 vehicles			
					-	
		Fuel, food and lodging of the drivers will be handled by the service provider  Schedule of travel and destination can be moved/changed and shall be coordinated with the				
		days before the travel date or at any given time during emergencies/disaster wherein immed vehicle for whatever official purpose will be observed.	liate need of the	✓		
		Drivers should be well familiar with road terms		✓		
		All drivers scheduled to travel should be subjected to a RT-PCR/Antigen test within three (3 and submit a medical certificate and travel pass and/or any documents being required by the province or municipality. The service provider shall shoulder the cost of RT-PCR/Antigen test documents. The RT-PCR/Antigen test result or medical certificate and all the necessary travel submitted before the scheduled travel.	ate and travel pass and/or any documents being required by the receiving service provider shall shoulder the cost of RT-PCR/Antigen test and other tigen test result or medical certificate and all the necessary travel pass should be			
		Service Vehicles must be regularly sanitized/ disinfected before and after each travel with rea alcohol or sanitizer. Should maintain physical distancing and ensure that the driver and passi masks throughout the travel	aintain physical distancing and ensure that the driver and passengers wear face			
		Service provider must ensure to provide vehicle that is in good condition and fully equipped very spare tires and fire extinguisher.	nust ensure to provide vehicle that is in good condition and fully equipped with basic tools,			
		With permit to travel to any point of Luzon				
		Transparent protective shield be installed at the driver's side		<b>/</b>		
		Availability of First Aid Kit with the necessary medical paraphemalia and accessories for each vehicle		/		
	· · · · · · · · · · · · · · · · · · ·	Charges will be based on the actual days of travel				
		One day is equivalent to 24 hours				
		Place of travel is not limited to only one destination for 1 day				
		Payment can be made monthly or every after delivery of services based on the actual r	A CONTRACTOR OF THE CONTRACTOR			
THE DESCRIPTION	0.152/12/10/02	traveled				
(Amount	in words)	Seven Hundred Thirty Nine Thousand Two Hu	undred Pesos C	TOTAL	739,200.00	
n case of fa	ilure to make	the full delivery within the time specified above, a penalty of one-tenth (1/10) of or the undelivered item/s.	ne percent for eve	ery day of delay sh	all be imposed on	
				,	/	
Conforme:						
( Sigr	nature over Pr	rinted Name) Date	ARNEL B. &ARCIA, CESO II  Signature over Printed Name of Authorized Official  Regional Director			
	Control Account	None Deal Assess No. 1		Designation	-	
В	Bank Account	Name Bank Account Number				
т	Thi Niverber	D. (DDD )				
1	IN Number	*please tick tax type Date of BIR Registration vat non-vat				
und Cluster	:cm	‡ Curra	ORS/ BURS No.	: 62-161101 - 2	021-10-0877	
unds Availa	ible:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ORS/ BURS No. : <u>62 -/6// 0/ - 2027-70 -</u> 0877 Date of the ORS/ BURS: <u>/0 -/9-24</u>			
W	VILBOURN B.		Amount: _	mount:739,200.00_		

VUB/crost