

*base cam*

Department of Education  
Region V  
Division of Camarines Sur  
San Jose Pili, Camarines Sur  
Tel No. / Fax No. : 477-3498



**PURCHASE ORDER**

**DepED, Division of Camarines Sur**

Agency /Procuring Entity

|   |                                      |
|---|--------------------------------------|
| Supplier : ACF POWER ENTERPRISES          | P.O. No: 2014-07-112                 |
| Address: Agrupacion, Ragay, Camarines Sur | Date: July 17, 2014                  |
| E-mail Address:                           | Mode of Procurement:<br><br>SHOPPING |
| Telephone No.: 0919-7492595               |                                      |
| TIN:                                      |                                      |

CTC No.:

Issued at:

Issued on:

**Gentlemen:**

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

|  |                       |
|--|-----------------------|
| Place of Delivery: DepED, Division of Camarines Sur, San Jose, Pili, Camarines Sur | Delivery Term: 7 CD   |
| Date of Delivery:  | Payment Term: 15 DAYS |

| Item No.                                     | Acct. Code | Qty | Unit | Description  | Unit Cost | Amount    |
|--|------------|-----|------|--|-----------|-----------|
|  |            |     |      | REPAIR, MAINTENANCE AND CHANGE OIL FOR THE GENERATOR SET 75 KVA DEUTZ (Labor and Materials)                    |           |           |
| 1  | 5021305002 | 1   | Lot  | <i>check up</i><br>Repair, Meintenance and Change Oil for the Generator Set 75 KVA Deutz (Labor and Materials) | 22,300.00 | 22,300.00 |
| Total amount in Words                        |            |     |      |  |           |           |
| TWENTY TWO THOUSAND THREE HUNDRED PESOS ONLY |            |     |      |  | Php.      | 22,300.00 |

In case of failure to make the full delivery within the time specified above, a penalty of one - tenth (1/10) of one percent to every day of delay shall be imposed.

*[Signature]*  
Very truly yours,  
**GILBERT T. SADSAD**

Autorized Official  
Date: \_\_\_\_\_

Conforme: *[Signature]*  
**ARNOLD REONAL**  
Signature over printed name of Supplier  
*0725/14*  
Date

Funds Available:  
*[Signature]*  
**SONIA M. LASALA**  
Accountant II

ALOBS No.: **14-07-4031**  
Amount: **\$ 22,300-**