



**REPUBLIC OF THE PHILIPPINES
SOCIAL SECURITY SYSTEM**

Office Address: SSS BLDG.EASTAVE.DILIMAN PINYAHAN, QC NCR 2ND DISTRICT

Tel No: 920-6401 loc 5504 TO 07

Branch: Main Office

Phone: 920-6401

E-mail:

Vendor: CBV AUTO CENTRO CORP
Address: 90 Anonas St. East Kamias
Quezon City 1102 Philippines

PO/JO/LO No.: 3000021976
Date: December 17, 2020 *Q-17*
Order Type: PO
APP: 2020 APP No.398

Gentlemen:

Please deliver to our property custodian at the Social Security System the following items:

NO.	PR No.	MAT NO.	DESCRIPTION	UoM	QTY	UNIT COST	AMOUNT
1			Spare Parts & Materials Hyundai Starex Gold A/T ABE-1124	LOT	1	34,900.00	34,900.00
Total Amount							34,900.00

EFMD, Purchase of Parts and Materials including engine oils and filters for the Preventive Maintenance Services/Spare Parts/Repair/ Replacement for Various Motor Vehicles at SSS Main Office (SOC#2020-0170 dated 11/16/2020; 2020 APP#398)

Approved by DMIII Allan Martin M. Gayondato on 12/14/2020, per recommendation of BAC II Res. No. 2020-174-5.2 dated 12/02/2020,

Classification: MR TE-Spare Parts/Repair

Funds Available: P 34,900.00

Payment Terms: Government Terms (Payment is upon delivery of items/services and submission of billing documents)

Contact Person: Mr. Ricardo De Guzman or Ms. Vicenta Garnica at 8920-6401 local 5520 email: deguzmanid@sss.gov.ph or garnicavl@sss.gov.ph

Note: Subject to specific warranties appearing at the back thereof.

Delivery: Acceptance of deliveries shall be from Monday to Friday only excluding holiday at 8:00 am to 5:00 pm.

You are to make delivery within Fifteen (15) calendar days from receipt of this Job Order. Please submit your Original Delivery Receipt & Invoice, together with the original copy of this Job Order to EFMD, SSS, Quezon City and Photocopy of Delivery Receipt & Sales Invoice to PPMD.

Reviewed:

[Signature]
VIOLETA V. JAVAR

CEO IV-PPMD

Certified:

[Signature]
BELINDA B. ELLA

Department Manager III-GAD

Approved:

[Signature]
DORENDA M. DASMARIÑAS

Head for PMD

Conforme:

[Signature]
Joyce Angelina S. Mahara

Name of Authorized Representative

[Signature]
Signature

[Date]
Date