



PURCHASE ORDER
BUREAU OF THE TREASURY
 Intramuros, Manila
 Telefax No.: 524-7008

| Supplier : RYRAH MERCHANDISING | | | P.O. No. : 2023-09-0165 | | |
|--|------|--|---|-----------|-----------------|
| Address : #86 Cordillera Street, Quezon City | | | Date : September 5, 2023 | | |
| Contact No.: (02) 8245-9114 | | | Mode of Procurement : Small Value Procurement (SVP) | | |
| Fax No. - | | | | | |
| TIN: 210-690-439-000 | | | | | |
| Gentlemen: Please proceed with the Supply and Delivery of Coffee Maker and Rice Cooker in the amount of Php4,500.00 (VAT inclusive) following the terms and conditions stated herein: | | | | | |
| Place of Delivery : Ayuntamiento Building, Intramuros, Manila | | | Delivery Term: Thirty (30) calendar days from issuance of P.O. | | |
| Date of Delivery : - | | | Payment Term : 30 days from date of full delivery | | |
| Stock/ Property No. | Unit | Description | Quantity | Unit Cost | Amount |
| | unit | COFFEE MAKER, 12 to 14 cups 3D CM-1500 | 1 | 1,900.00 | 1,900.00 |
| | unit | RICE COOKER, 2.5/3.0 Liters Jhotoo 3L | 1 | 2,600.00 | 2,600.00 |
| | | ---Nothing Follows--- | | | |
| | | Reference: PR Nos. 2023-01-0032 and 2023-07-0260 For OTOP | | | |
| | | TOTAL | | | 4,500.00 |
| (Total Amount in Words) FOUR THOUSAND FIVE HUNDRED PESOS AND (00/000) | | | | | |
| <p>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 on the undelivered item/s.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Conforme:</p> <p>_____ Signature over Printed Name of Supplier</p> <p>_____ Date</p> </div> <div style="width: 45%; text-align: right;"> <p>Very truly yours,</p> <p><u>ATTY. RAYMUNDO U. TAN (Sgd.)</u></p> <p>Signature over Printed Name of Authorized Official</p> <p>OIC-Director, Administrative Service Designation</p> </div> </div> | | | | | |
| Fund Cluster : _____ Funds Available : _____ <p align="center"><u>ROWENA R. GAMBA (Sgd.)</u></p> <p align="center">Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p> | | | ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____ | | |