



# PURCHASE ORDER

## BUREAU OF THE TREASURY

Intramuros, Manila

Telefax No.: 524-7008

Appendix 61

Supplier : <b>JMS TECHNOLOGY AND SUPPLIES</b>		P.O. No. : <b>2023-03-0073</b>			
Address : Blk 2, Lot 9, VM Townhomes, Putatan, Muntinlupa City		Date : March 30, 2023			
Contact No.: 8989-1847		Mode of Procurement : Small Value Procurement (SVP)			
Fax No. -					
TIN: 909-472-196-000					
Gentlemen: Please proceed with the Supply and Delivery of Various Audio-Visual Equipment and Accessories in the amount of Php124,710.00 (VAT inclusive) following the terms and conditions stated herein:					
Place of Delivery : Ayuntamiento Building, Intramuros, Manila		Delivery Term: Within Thirty (30) calendar days from receipt of Purchase Order			
Date of Delivery : -		Payment Term : -			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	<b>SUPPLY AND DELIVERY OF VARIOUS AUDIO-VISUAL EQUIPMENT AND ACCESSORIES, composed of the following:</b>	1	-	-
	units	MICROPHONE STAND (TRIPOD)	2	910.00	1,820.00
	units	MICROPHONE STAND (TRIPOD)	2	910.00	1,820.00
	units	SPEAKER STAND (TRIPOD)	2	1,030.00	2,060.00
	units	THREE-PIN XLR CONNECTORS	10	1,030.00	10,300.00
	unit	PFL AUDIO MIXER	1	45,070.00	45,070.00
	units	VIDEOKE PLAYER	2	4,640.00	9,280.00
	units	15" 2-WAY POWERED PORTABLE SPEAKERS	2	18,030.00	36,060.00
	unit	AUDIO AMPLIFIER	1	10,950.00	10,950.00
	set	WIRELESS MICROPHONE WITH RECIEVER	1	4,510.00	4,510.00
	pcs.	ELECTRONIC CONTACT CLEANER	2	260.00	520.00
	unit	ANALOG MULTI TESTER	1	2,320.00	2,320.00
		----- Nothing Follows -----			
		<b>TOTAL</b>			<b>124,710.00</b>
<b>(Total Amount in Words) ONE HUNDRED TWENTY FOUR THOUSAND SEVEN HUNDRED TEN PESOS AND (00/00)</b>					
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.					
Conforme:		Very truly yours,			
_____ Signature over Printed Name of Supplier		<b><u>ATTY. RAYMUNDO U. TAN (Sgd.)</u></b> Signature over Printed Name of Authorized Official			
_____ Date		OIC, Administrative Service Designation			
Fund Cluster : _____ Funds Available : _____  <b><u>ROWENA R. GAMBA (Sgd.)</u></b> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit			ORS/BURS No. : _____ Date of the ORS/BURS: _____  Amount : _____		