



**PURCHASE ORDER**

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

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
		----- <i>Nothing Follows</i> -----			
		<b>TOTAL</b>			<b>124,710.00</b>

**(Total Amount in Words) ONE HUNDRED TWENTY FOUR THOUSAND SEVEN HUNDRED TEN PESOS AND (00/00)**

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

Conforme: \_\_\_\_\_ Very truly yours,  
 Signature over Printed Name of Supplier **ATTY. RAYMUNDO U. TAN (Sgd.)**  
 Signature over Printed Name of Authorized Official  
 OIC, Administrative Service  
 Designation

\_\_\_\_\_ Date

Fund Cluster : _____ Funds Available : _____  <p style="text-align: center;"><b>ROWENA R. GAMBA (Sgd.)</b>                  Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>	ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____
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