



PURCHASE ORDER

BUREAU OF THE TREASURY

Intramuros, Manila
Telefax No.: 524-7008

Appendix 61

Supplier : FAXCABLE INC.		P.O. No. : 2023-05-0092			
Address : Unit 331, 3rd Floor Virramall, Greenhill Shopping Center, San Juan City		Date : May 04, 2023			
Tel. No.: 7238-2825 loc. 106, 0995-850-5939, 0908-678-7568		Mode of Procurement : Negotiated Procurement			
Email Add.: kevin.ramoso@faxcable.com.ph					
TIN : 006-872-243-000					
<p>Gentlemen:</p> <p>Please proceed with the Supply and Delivery of Various Fire Detection and Alarm System Equipment for the Bureau of the Treasury – Ayuntamiento Building in the amount of Php 208,460.00 (VAT inclusive) following the terms and conditions stated herein:</p>					
Place of Delivery : Ayuntamiento Bldg., Cabildo St. cor. A. Soriano Ave., Intramuros, Manila		Delivery Term: 30 CD from receipt of Purchase Order			
Date of Delivery : -		Payment Term : 30 days			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	SUPPLY AND DELIVERY OF VARIOUS FIRE DETECTION AND ALARM SYSTEM EQUIPMENT FOR THE BUREAU OF THE TREASURY – AYUNTAMIENTO BUILDING, composed of the following:	1	-	-
	units	Addressable Manual Pull Station	10	9,126.00	91,260.00
	units	Addressable Smoke Detector (Head)	10	6,170.00	61,700.00
	units	Addressable Heat Detector (Head)	10	5,550.00	55,500.00
		--- Nothing Follows ---			
		TOTAL			208,460.00
(Total Amount in Words) TWO HUNDRED EIGHT THOUSAND FOUR HUNDRED SIXTY PESOS AND (00/00)					
<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>					
Conforme:		Very truly yours,			
_____ Signature over Printed Name of Supplier		<u>ATTY. RAYMUNDO U. TAN (Sgd.)</u> Signature over Printed Name of Authorized Official			
_____ Date		OIC, Administrative Service Designation			
Fund Cluster : _____		ORS/BURS No. : _____			
Funds Available : _____		Date of the ORS/BURS: _____			
<u>ROWENA R. GAMBA (Sgd.)</u> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit		Amount : _____			