



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

Supplier :	RENPHIL TRADING	P.O. No. :	2023-04-0088
Address :	Unit 10 K-Plaza #22 Gen. T. De Leon Road, Brgy. Karuhatan, Valenzuela City	Date :	April 28, 2023
Contact No.:	443-5679	Mode of Procurement :	Negotiated Procurement
Fax No.	351-4575		
TIN:	192-240-471-000		

Gentlemen:

Please proceed with the Supply of Labor and Materials for the Replacement of Defective Parts of Mitsubishi City-Multi VRF Air Conditioning System of the System Number 12, FCU Number 13, 15, 16, 17, 20, 21, 22, 23, 25, 26 servicing Research Director, Research, DRMO, Tunnel, OPD, and Hallway OPD in the amount of Php52,700.00 (VAT inclusive) following the terms and conditions contained herein:

Place of Delivery :	Ayuntamiento Building, Intramuros, Manila	Delivery Term:	Thirty (30) Calendar days from receipt of Purchase Order
Date of Delivery:	-	Payment Term :	30 days

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	SUPPLY OF LABOR AND MATERIALS FOR THE REPLACEMENT OF DEFECTIVE PARTS OF MITSUBISHI CITY-MULTI VRF AIR CONDITIONING SYSTEM OF THE SYSTEM NUMBER 12, FCU NUMBER 13, 15, 16, 17, 20, 21, 22, 23, 25, 26 SERVICING RESEARCH DIRECTOR, HALLWAY RESEARCH, DRMO, TUNNEL, OPD, AND HALLWAY OPD ---Nothing Follows---	1	173,420.00	173,420.00
		TOTAL			173,420.00

(Total Amount in Words): ONE HUNDRED SEVENTY THREE THOUSAND FOUR HUNDRED TWENTY PESOS AND (00/000)

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
 _____ Date	OIC, Administrative Service Designation

Fund Cluster : _____ Funds Available : _____ ROWENA R. GAMBA (Sgd.) Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____
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