



PURCHASE ORDER

BUREAU OF THE TREASURY

Intramuros, Manila
Telefax No.: 524-7008

Appendix 61

Supplier :	RENPHIL TRADING	P.O. No. :	2023-08-0159
Address :	Unit 10 K-Plaza #22 Gen. T. De Leon Road, Brgy. Karuhatan, Valenzuela City	Date :	August 18, 2023
Contact No.:	443-5679	Mode of Procurement :	Small Value 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 14, ACCU Number 53, FCU Number 1-19 and System Number 10, ACCU Number 10, FCU Number 30-47 Servicing BAD, Chapel, Day Care, Clinic, FVD, Secretariat, FTD, AMSD, SAD, HMD, MISS, DAD, Training Room, Urdaneta, and Hallway in the amount of Php411,537.50 (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 14, ACCU NUMBER 53, FCU NUMBER 1-19 AND SYSTEM NUMBER 10, ACCU NUMBER 10, FCU NUMBER 30-47 SERVICING BAD, CHAPEL, DAY CARE, CLINIC, FVD, SECRETARIAT, FTD, AMSD, SAD, HMD, MISS, DAD, TRAINING ROOM, URDANETA, AND HALLWAY ---Nothing Follows---	1	411,537.50	411,537.50
		TOTAL			411,537.50

(Total Amount in Words): **FOUR HUNDRED ELEVEN THOUSAND FIVE HUNDRED THIRTY SEVEN PESOS AND (50/100)**

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 : _____

ORS/BURS No. : _____

Date of the ORS/BURS: _____

Amount : _____

ROWENA R. GAMBA (Sgd.)
Signature over Printed Name of Chief Accountant/Head of
Accounting Division/Unit