

PURCHASE ORDER



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



Supplier :	GROUP 5 COMPUTER PRODUCTS & SUPPLIES, INC.	P.O. No. :	2024-07-0124
Address :	UG-35 Cityland 9 Condo., 7648 Dela Rosa St., Pio Del Pilar, Makati City	Date :	July 17, 2024
Contact No.:	812-91-57 to 59 810-42-58	Mode of Procurement	Shopping
Email Add.:	banagbeverly@yahoo.com		
TIN:	008-978-610-00000		

Gentlemen:

Please proceed with the Supply and Delivery of Various Toner Cartridges in the amount of Php 557,500.00 (VAT inclusive) following the terms and conditions contained herein:

Place of Delivery : Date of Delivery:	Ayuntamiento Building, Intramuros, Manila -		Delivery Term: Payment Term :	Within Thirty (30) calendar days from the receipt of approved PO 30 days		
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
	lot	SUPPLY AND DELIVERY OF VARIOUS TONER CARTRIDGES, composed of the following:	1	-		
	carts	Toner Cartridge, HP CF500A, black, original/genuine	25	3,300.00	82,500.00	
	carts	Toner Cartridge, HP CF501A, cyan, original/genuine	20	3,300.00	66,000.00	
	carts	Toner Cartridge, HP CF502A, yellow, original/genuine	20	3,300.00	66,000.00	
	carts	Toner Cartridge, HP CF226A, black, original/genuine	20	5,800.00	116,000.00	
	carts	Toner Cartridge, HP W2110A, black, original/genuine	15	3,800.00	57,000.00	
	carts	Toner Cartridge, HP W2111A, cyan, original/genuine	15	4,250.00	63,750.00	
	carts	Toner Cartridge, HP W2112A, yellow, original/genuine	15	4,250.00	63,750.00	
	carts	Toner Cartridge, HP W2113A, magenta, original/genuine	10	4,250.00	42,500.00	
		Nothing Follows				
		Reference: PR No. 2024-07-0234 For the PSMD				
		TOTAL			557,500.00	
(Total Amount i	n Words):	FIVE HUNDRED FIFTY-SEVEN THOUSAND FIVE HUNDR	ED PESOS AND (00/000)		
In case of fail imposed on the u		e the full delivery within the time specified above, a penalty of on tem/s.	e-tenth (1/10) of o	ne percent for every day	v of delay shall be	
Conforme:			Very truly yours,			
	Si	gnature over Printed Name of Supplier	<u>ATTY. RAYMUNDO U. TAN (Sgd.)</u> Signature over Printed Name of Authorized Official			
		Date	Director III, Administrative Service Designation			
			ORS/BURS No. : Date of the ORS/BURS:			
	Signatur	ROWENA R. GAMBA (Sgd.) re over Printed Name of Chief Accountant/Head of Accounting	Amount :			

Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit