



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



Appendix 61

Supplier :	RENPHIL TRADING	P.O. No. :	2024-08-0130
Address :	Unit 10-K Plaza 22 Gen T. De Leon St., Karuhatan, Valenzuela City	Date :	August 08, 2024
Contact No.:	8652-6961	Mode of Procurement :	Negotiated Procurement
Email Add.:	renphilelectric@yahoo.com		
TIN:	192-240-471		

Gentlemen:

Please proceed with the Supply of Labor and Materials for the Replacement of Defective Compressor of Air Conditioning System Servicing Sergio Osmeña Lecture of Ayuntamiento Building in the amount of Php157,900.00 (VAT inclusive) following the terms and conditions contained herein:

Place of Delivery :	Ayuntamiento Building, Intramuros, Manila	Delivery Term:	Within Twenty (20) calendar days from the receipt of approved PO
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 COMPRESSOR OF AIR CONDITIONING SYSTEM SERVICING SERGIO OSMEÑA LECTURE OF AYUNTAMIENTO BUILDING, composed of the following:	1	-	-
	unit	Copeland Scroll Compressor Model ZR54KS-TF5-522	2	60,000.00	120,000.00
	tank	R22 Freon 13.6kg	4	8,100.00	32,400.00
	lot	Consumable Materials such as nitrogen, oxyacetylene, silver rod, and flux, etc.	1	5,500.00	5,500.00
		---Nothing Follows---			
		Reference: PR No. 2024-07-0259 For the FMD			
		TOTAL			157,900.00

(Total Amount in Words): ONE HUNDRED FIFTY SEVEN THOUSAND NINE HUNDRED 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

Director III, 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 : _____