



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



Supplier : KDV ENTERPRISES MANUFACTURING CORPORATION		P.O. No. : 2024-08-0147			
Address : 189 Sitio Gulod Lalakhan Santa Maria, Bulacan		Date : August 30, 2024			
Contact No.: 9336184877		Mode of Procurement : Negotiated Procurement			
Email Add.: kdventerprises.ph@gmail.com					
TIN: 622-102-772-00000					
Gentlemen: Please proceed with the Supply and Delivery of Materials for the Replacement of Worn-out Bed linens located at the Fourth (4th) Floor of the Ayuntamiento Building in the amount of Php210,060.00 (VAT inclusive) following the terms and conditions contained herein:					
Place of Delivery : Ayuntamiento Building, Intramuros, Manila		Delivery Term: Within Thirty (30) 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 AND DELIVERY OF MATERIALS FOR THE REPLACEMENT OF WORN-OUT BED LINENS LOCATED AT THE FOURTH (4TH) FLOOR OF THE AYUNTAMIENTO BUILDING , composed of the following:	1	-	-
	sets	White Bed Linen Set	60	1,920.00	115,200.00
	pcs	Pillows, with Pillowcase 20"x30"x6" flap	60	531.00	31,860.00
	sets	Neutral Colored Bed Linens Set	60	1,050.00	63,000.00
		---Nothing Follows---			
		Reference: PR No. 2024-07-0261 For the FMD			
		TOTAL			210,060.00
(Total Amount in Words): TWO HUNDRED TEN THOUSAND SIXTY 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		<u>ATTY. RAYMUNDO U. TAN (Sgd.)</u> Signature over Printed Name of Authorized Official			
_____ Date		Director III, Administrative Service Designation			
Fund Cluster : _____ Funds Available : _____ <u>ROWENA R. GAMBA (Sgd.)</u> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit			ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____		