



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



Supplier : <b>COMPETTITIVE CARD SOLUTIONS PHILS., INC.</b> Address : 2nd Flr. Annex Bldg. A. Francisco Gold Condominium 1, 784 EDSA Brgy. West Kamias, Quezon City Contact No.: 8952-7155; 8283-1971 Email Add.: hello@ccs.com.ph TIN: 008-248-081-00000	P.O. No. : <b>2024-08-0140</b> Date : August 21, 2024 Mode of Procurement : Negotiated Procurement				
Gentlemen: Please proceed with the Supply and Delivery of Two (2) Units Dual ID Card Printer in the amount of Php124,208.00 (VAT inclusive) following the terms and conditions contained herein:					
Place of Delivery : Ayuntamiento Building, Intramuros, Manila Date of Delivery: -	Delivery Term: Within Thirty (30) calendar days from the receipt of approved PO Payment Term : 30 days				
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	<b>SUPPLY AND DELIVERY OF TWO (2) UNITS DUAL ID CARD PRINTER</b> , composed of the following:	1	-	-
	units	Dual Sided ID Card Printer	2	49,000.00	98,000.00
	pcs	PVC Cards	600	FREE	FREE
	rolls	Printer Ribbon <i>*2 rolls free</i>	4	6,552.00	26,208.00
	lot	Other Accessories that will complete the system	1	FREE	FREE
	lot	End-User Training	1	FREE	FREE
	lot	Testing and Commissioning	1	FREE	FREE
		<b>---Nothing Follows---</b>			
		Reference: PR No. 2024-08-0268 For the HRMD			
		<b>TOTAL</b>			<b>124,208.00</b>
<b>(Total Amount in Words): ONE HUNDRED TWENTY-FOUR THOUSAND TWO HUNDRED EIGHT PESOS AND (00/000)</b>					
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:  _____ Signature over Printed Name of Supplier  _____ Date			Very truly yours,  <b><u>ATTY. RAYMUNDO U. TAN (Sgd.)</u></b> Signature over Printed Name of Authorized Official  Director III, Administrative Service Designation		
Fund Cluster : _____ Funds Available : _____  <b><u>ROWENA R. GAMBA (Sgd.)</u></b> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit			ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____		