



Funding the Republic

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



Supplier : NEWTRENDS INTERNATIONAL CORPORATION Address : Unit E-2 2nd Flr. FYNN Commercial Bldg. Gen. Emilio Aguinaldo Hi-Way, Bacoor City, Cavite Contact No.: 88942035 to 40 Email Add.: sales.corporate@newtrends.ph TIN: 005-180-289-000		P.O. No. : 2024-10-0169 Date : October 22, 2024 Mode of Procurement : Negotiated Procurement			
Gentlemen: Please proceed with the Supply and Delivery of Ten (10) Units of Wrist Watches for the Bureau of the Treasury Retirees, in the amount of Php50,000.00 (VAT inclusive) following the terms and conditions contained herein:					
Place of Delivery : Ayuntamiento Building, Intramuros, Manila Date of Delivery: -		Delivery Term: On or before November 6, 2024 Payment Term : 30 days			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	SUPPLY AND DELIVERY OF TEN (10) UNITS OF WRIST WATCHES FOR THE BUREAU OF THE TREASURY RETIREES, composed of the following: Wristwatch <p style="text-align: center;"><i>---Nothing Follows---</i></p> Reference: PR No. 2024-09-0327 For the HRMD	1	-	-
	units		10	5,000.00	50,000.00
TOTAL					50,000.00
(Total Amount in Words): FIFTY THOUSAND 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Conforme:</p> <p style="text-align: center;">_____ Signature over Printed Name of Supplier</p> <p style="text-align: center;">_____ Date</p> </div> <div style="width: 45%;"> <p>Very truly yours,</p> <p style="text-align: center;"><u>ATTY. RAYMUNDO U. TAN (Sgd.)</u></p> <p style="text-align: center;">Signature over Printed Name of Authorized Official</p> <p style="text-align: center;">Director III, Administrative Service Designation</p> </div> </div>					
Fund Cluster : _____ Funds Available : _____			ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____		
<p><u>ROWENA R. GAMBA (Sgd.)</u></p> <p>Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>					