



Funding the Republic

PURCHASE ORDER**BUREAU OF THE TREASURY**

Intramuros, Manila

Telefax No.: 524-7008



| Supplier : INTEGRATED COMPUTER SYSTEMS, INC. | | P.O. No. : 2024-11-0184 | | | |
|---|------|--|----------|------------|-------------------|
| Address : 3/F Limketkai Bldg., Ortigas Ave., San Juan City | | Date : November 15, 2023 | | | |
| Contact No.: 8689-5000; 09226765154 | | Mode of Procurement : Negotiated Procurement | | | |
| Email Add.: afiango-ok@ics.com.ph | | | | | |
| TIN: 000-055-626-000 | | | | | |
| <p>Gentlemen:</p> <p>Please proceed with the Supply and Installation of One (1) Year License to Existing Centralized Backup System for the Bureau of the Treasury in the amount of Php389,000.00 (VAT inclusive) following the terms and conditions contained herein:</p> | | | | | |
| 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 INSTALLATION OF ONE (1) YEAR LICENSE TO EXISTING CENTRALIZED BACKUP SYSTEM FOR THE BUREAU OF THE TREASURY <i>---Nothing Follows---</i> Reference: PR No. 2024-09-0358 For the SAD | 1 | 389,000.00 | 389,000.00 |
| | | TOTAL | | | 389,000.00 |
| (Total Amount in Words): THREE HUNDRED EIGHTY-NINE THOUSAND PESOS AND (00/000) | | | | | |
| <p>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.</p> | | | | | |
| Conforme: _____ Signature over Printed Name of Supplier _____ Date | | Very truly yours, <u>ATTY. RAYMUNDO U. TAN (Sgd.)</u> Signature over Printed Name of Authorized Official 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 : _____ | | | |