PURCHASE ORDER

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

Supplier :	**JMS TECHNOLOGY AND SUPPLIES**
Address :	B-2 L-9 VM Townhomes, Putatan, Muntinlupa City
Contact No.:	02-70912939; 09953784261
Email Add.:	joseph@jmsph.net
TIN:	909-472-196-00000

P.O. No. :	**2024-11-0177**
Date :	November 04, 2024
Mode of Procurement :	Negotiated Procurement

Gentlemen:

Please proceed with the Supply and Delivery of Various Audio-Visual Equipment in the amount of Php189,430.00 (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	**SUPPLY AND DELIVERY OF VARIOUS AUDIO-VISUAL EQUIPMENT,** composed of the following:	1	-	-
	unit	Wireless Video Transmission System	2	33,600.00	67,200.00
	set	Full-Duplex Wireless Intercom Headset System	1	40,320.00	40,320.00
	set	Dual UHF Beltpack Wireless Microphone	4	4,032.00	16,128.00
	unit	Mini Moving Head Spot	4	9,676.00	38,704.00
	unit	Par light	6	2,587.00	15,522.00
	unit	DMX Controller	2	3,360.00	6,720.00
	mts	Control Cable, *Php 1,612.00/100mts*	300	1,612.00	4,836.00
		---*Nothing Follows*---			
		Reference: PR No. 2024-10-0379			
		For the FMD			
		TOTAL			**189,430.00**

(Total Amount in Words): ONE HUNDRED EIGHTY-NINE THOUSAND FOUR HUNDRED THIRTY 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:

_____
Signature over Printed Name of Supplier

_____
Date

Very truly yours,

ATTY. RAYMUNDO U. TAN (Sgd.)
Signature over Printed Name of Authorized Official

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 : _____