



Funding the Republic

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



Supplier : MULTI-LINE BUILDING SYSTEMS, INC.		P.O. No. : 2025-02-0028	
Address : 827 Calderon Bldg. EDSA, South Triangle, Quezon City		Date : February 20, 2025	
Contact No.: 410-1155; 929-9911		Mode of Procurement : Negotiated Procurement	
Email Add.: inquiry@multi-linegroup.com			
TIN: 004-613-422-000			

Gentlemen:

Please proceed with the Supply and Delivery of Fire Detection and Alarm System Equipment for the Ayuntamiento Building in the amount of Php220,000.01 (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
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Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	SUPPLY AND DELIVERY OF FIRE DETECTION AND ALARM SYSTEM EQUIPMENT FOR THE AYUNTAMIENTO BUILDING , composed of the following:	1	-	-
	pcs	Addressable Manual Pull Station	5	9,541.81	47,709.05
	pcs	Addressable Smoke Detector (Head)	20	5,486.70	109,734.00
	pcs	Addressable Heat Detector (Head)	10	4,795.80	47,958.00
	pcs	Fire Monitor Module	3	4,866.32	14,598.96
		---Nothing Follows---			
		Reference: PR No. 2025-01-0033 For the FMD			
		TOTAL			220,000.01

(Total Amount in Words): TWO HUNDRED TWENTY THOUSAND PESOS AND (01/100)

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: <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> Signature over Printed Name of Supplier <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> Date	Very truly yours, <div style="text-align: center;"><u>ATTY. RAYMUNDO U. TAN (Sgd.)</u></div> Signature over Printed Name of Authorized Official Director III, Administrative Service Designation
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Fund Cluster : _____ Funds Available : _____ <div style="text-align: center;"><u>ROWENA R. GAMBA (Sgd.)</u></div> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____
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