



Funding the Republic

## PURCHASE ORDER

## BUREAU OF THE TREASURY

Intramuros, Manila

Telefax No.: 524-7008



BAGONG PILIPINAS

Supplier : <b>MANARA MARKETING</b>		P.O. No. : <b>2025-03-0039</b>	
Address : 15 Aster St., Green Park Village, San Isidro, Cainta Rizal		Date : March 17, 2025	
Contact No.: 8240-5979 / 8696-5391		Mode of Procurement : Small Value Procurement	
Email Add. : <a href="mailto:aster_forteza@yahoo.com">aster_forteza@yahoo.com</a>			
TIN: 165-069-938-000			

Gentlemen:  
Please proceed with the Supply and delivery of recessed mounted panel lights for the common areas of BTr at Palacio del Gobernador building  
in the amount of Php 77,500.00 (VAT inclusive) following the terms and conditions contained herein:

Place of Delivery :	Ayuntamiento Building, Intramuros, Manila	Delivery Term:	Thirty (30) calendar days from the receipt of Purchase Order (P.O)
Date of Delivery:	-	Payment Term :	30 days

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	<b>SUPPLY AND DELIVERY OF RECESSED MOUNTED PANEL LIGHTS FOR THE COMMON AREAS OF BUREAU OF THE TREASURY AT PALACIO DEL GOBERNADOR BUILDING</b> , composed of the following:	1	-	-
	pcs	Square LED Panel Lights, Recessed Mounted Frosted Daylight	20	1,675.00	33,500.00
	pcs	Round LED Panel Lights, Recessed Mounted Frosted Daylight	50	440.00	22,000.00
	pcs	Round LED Panel Lights, Recessed Mounted Frosted Warm white	50	440.00	22,000.00
		---Nothing Follows---			
		Reference: PR No.: 2025-02-0020 For the FMD			
		<b>TOTAL</b>			<b>77,500.00</b>

**(Total Amount in Words) SEVENTY SEVEN THOUSAND FIVE HUNDRED 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:	Very truly yours,
_____	<b><u>ATTY. RAYMUNDO U. TAN (Sgd.)</u></b>
Signature over Printed Name of Supplier	Signature over Printed Name of Authorized Official
_____	Director III, Administrative Service
Date	Designation

<b>Fund Cluster :</b> _____ <b>Funds Available :</b> _____  <b><u>ROWENA R. GAMBA (Sgd.)</u></b> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	<b>ORS/BURS No. :</b> _____ <b>Date of the ORS/BURS:</b> _____ <b>Amount :</b> _____
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