



Funding the Republic

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



Supplier : ZIONEYES GENERAL MERCHANDISE		P.O. No. : 2025-02-0026			
Address : 40-B Miami St., Brgy. Silangan, Cubao, Quezon City		Date : February 17, 2025			
Contact No.: 8367-5798; 0917-630-9742		Mode of Procurement : Negotiated Procurement			
Email Add.: info.zioneyes@gmail.com					
TIN: 241-143-052-000					
Gentlemen: Please proceed with the Supply and Delivery of Customized Polo Shirts for the 2025 National Women's Month Celebration in the amount of Php117,165.00 (VAT inclusive) following the terms and conditions contained herein:					
Place of Delivery : Ayuntamiento Building, Intramuros, Manila		Delivery Term: On or before February 27, 2025			
Date of Delivery: -		Payment Term : 30 days			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	SUPPLY AND DELIVERY OF CUSTOMIZED POLO SHIRTS FOR THE 2025 NATIONAL WOMEN'S MONTH CELEBRATION , composed of the following:	1	-	-
	pieces	Polo Shirts	365	321.00	117,165.00
		<i>---Nothing Follows---</i>			
		Reference: PR No. 2025-02-0010 For the HRMD			
		TOTAL			117,165.00
(Total Amount in Words): ONE HUNDRED SEVENTEEN THOUSAND ONE HUNDRED SIXTY-FIVE 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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Conforme:</p> <p>_____</p> <p>Signature over Printed Name of Supplier</p> <p>_____</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>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 : _____ <p style="text-align: center;"><u>ROWENA R. GAMBA (Sgd.)</u></p> <p style="text-align: center;">Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>			ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____		