



Funding the Republic

PURCHASE ORDER

BUREAU OF THE TREASURY

 Intramuros, Manila
 Telefax No.: 524-7008


Supplier : MANARA MARKETING Address : 15 Aster St., Cainta Greenpark Village, San Isidro, Cainta, Rizal Contact No.: 7121-4045; 8240-5979 Email Add.: aster_forteza@yahoo.com TIN: 165-069-938-000		P.O. No. : 2025-03-0042 Date : March 18, 2025 Mode of Procurement : Shopping			
Gentlemen: Please proceed with the Supply and Delivery of Various Electrical Supplies in the amount of Php61,000.00 (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 ELECTRICAL SUPPLIES , composed of the following:	1	-	-
	rolls	Tape , electrical	100	45.00	4,500.00
	pieces	Flourescent Lamp , PL-C, 18 watts, 2-pin, daylight	100	229.00	22,900.00
	pieces	Flourescent Lamp , TL-5, 28 watts, daylight	300	112.00	33,600.00
		<i>---Nothing Follows---</i>			
		Reference: PR No. 2025-03-0008 For the PSMD			
TOTAL					61,000.00
(Total Amount in Words): SIXTY-ONE 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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Conforme:</p> <p>_____ Signature over Printed Name of Supplier</p> <p>_____ Date</p> </div> <div style="width: 45%; text-align: right;"> <p>Very truly yours,</p> <p><u>ATTY. RAYMUNDO U. TAN (Sgd.)</u> Signature over Printed Name of Authorized Official</p> <p>Director III, Administrative Service Designation</p> </div> </div>					
Fund Cluster : _____ Funds Available : _____ <p style="text-align: center;"><u>ROWENA R. GAMBA (Sgd.)</u> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>			ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____		