



Funding the Republic

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



BAGONG PILIPINAS

Supplier : COMPETITIVE CARD SOLUTIONS PHILS., INC. Address : 2nd Flr. Annex Bldg., A. Francisco Gold Condominium 1 784 Edsa West Kamias, Quezon City Contact No.: 8952-7155 / 8283-1971 Email Add. : TIN: 008-248-081-000		P.O. No. : 2025-03-0047 Date : March 27, 2025 Mode of Procurement : Small Value Procurement			
Gentlemen: Please proceed with the Supply and delivery of maintenance items relative to the printing of ids of both central and regional offices in the amount of Php 37,808.00 (VAT inclusive) following the terms and conditions contained herein:					
Place of Delivery : Ayuntamiento Building, Intramuros, Manila Date of Delivery : -		Delivery Term: Thirty (30) calendar days from the receipt of Purchase Order (P.O) Payment Term : 30 days			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	SUPPLY AND DELIVERY OF MAINTENANCE ITEMS RELATIVE TO THE PRINTING OF IDS OF BOTH CENTRAL AND REGIONAL OFFICES, composed of the following:	1	-	-
	rolls	Magicard D YMCKO Dye Film	4	6,552.00	26,208.00
	sets	Magicard Cleaning Kit 360, 300, 600 D/K	4	2,300.00	9,200.00
	pieces	CCS Blank PVC Card 0.76mm Yellowish	500	4.80	2,400.00
		---Nothing Follows---			
		Reference: PR No.: 2025-03-0018 For the HRMD			
		TOTAL			37,808.00
(Total Amount in Words) THIRTY-SEVEN THOUSAND EIGHT HUNDRED EIGHT 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,			
_____ Signature over Printed Name of Supplier		<u>ATTY. RAYMUNDO U. TAN (Sgd.)</u> Signature over Printed Name of Authorized Official			
_____ Date		Director III, Administrative Service Designation			
Fund Cluster : _____ Funds Available : _____ <u>ROWENA R. GAMBA (Sgd.)</u> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit			ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____		