

Fixed 3/18

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Republic of the Philippines  
Office of the President

# PURCHASE ORDER



PO Number PO000091

(Please quote this number on all related correspondence, delivery/shipping papers and invoice)

<b>TO:</b> OFFICELUX INTERIOR 618 Halcon Street, Malamig Mandaluyong City  Contact Name: Antonette Cedeno Tel No.: 535-2133 <i>F535 3644</i> TIN:	<b>DELIVER/SHIP TO:</b> Bases Conversion and Development Authority 31st Street corner 2nd Avenue BGC 2F Bonifacio Technology Center Taguig NCR 1634 Contact Name: Tel No.: Fax No.: TIN: 002-219-694-000
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PO Date of Approval	PR No.	Requesting Department	Mode of Procurement	Date of Delivery	Delivery Term	Payment Term
3/1/2018 <i>3/1/18</i>	0000034		SVP		30 days	CREDIT 30
Item	Quantity	Unit	Description	Unit Cost	Amount	
1	8.00	UNIT	OFFICE CHAIR, FABRIC UPHOLSTERED, NYLON BASE, GAS LIFT, WITH ARMREST, JR EXECUTIVE CHAIR, MID BACK, BLACK	3,530.00	28,240.00	
2	3.00	UNIT	OFFICE CHAIR, FABRIC UPHOLSTERED, NYLON BASE, GAST LIFT WITH ARMREST HIGH BACK, BLACK	3,950.00	11,850.00	

NOTE: PPMD, OFFICIAL USE OF PPMD PERSONNEL  
PR NO. 000009

<b>PESOS: FORTY NINETY AND 00/100 PESOS ONLY</b>	<b>40,090.00</b>
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**Terms and Conditions:**

This Purchase Order (PO) shall be governed by the General Terms and Conditions printed at the back hereof

Note: Please attach the original copy of this order together with the DELIVERY RECEIPT and SALES INVOICE in the triplicate.

FUNDS AVAILABLE:

*[Signature]*  
**HEDDA Y. RULONA**  
DMIII, Budget Department

Approved by:

*[Signature]*  
**BGEN CARLOS F. QUITA (RET)**  
VP-CSG

Recommended by:

*[Signature]*  
**o/c** Manager, PPMD

I hereby certify that I am authorized representative of the company and that by affixing my signature, it shall bind the company I am representing to the terms and conditions of the PO and all applicable provisions of RA 9184 and its revised IRR and other applicable government rules.

I further certify that the above prices, which were quoted in the Request for Quotation (RFQ), are inclusive of all taxes, freight, insurance and all other incidental expenses necessary for its delivery.

**CONFORME:**

Date Received: 3-19-18

MARVIN MORALES  
Printed Name and Signature of Authorized Representative

(The supplier shall sign and return the acknowledgement copy to BCDA-Procurement or through fax within five (5) working days after issuance.)

**KINDLY REFAX TO 5751785 OR EMAIL TO ifdavid@bcda.gov.ph THANKS.**

